

BUILDING CONNECTIONS in AGED CARE



Building Connections in Aged Care

Developing Support Structures for Student Nurses on
Placement in Residential Care

Stage One Report

TSoN Aged Care Report No. 2

Andrew Robinson, Katrina Cubit, Louise Venter, Matthew Fassett

February 2004

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Robinson, A., Cubit, K., Venter, L., Fassett, M. (2004).
Building Connections in Aged Care: Developing Support
Structures for Student Nurses on Placement in Residential
Care

February 2004

ISBN: 1862951578

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Acknowledgments

This project would not have been possible without the generous support of:

- The Commonwealth Department of Health and Ageing who provided funding for the project.
- Karingal Home for the Aged, The Manor Nursing Home, Mount St Vincent's Nursing Home, Presbyterian Homes Launceston, Queen Victoria Home for the Aged and Vacluse Gardens Lodge for enthusiastically embracing the project and providing infrastructure support to facilitate the participation of both students and nurses.
- The Steering Committee members for giving their time and input: Mary Binks, Yvonne Kromkamp, Bronwyn Francis, Di McIntee, Julie Dyson, Jo Jones, Pam Patterson, Mary Clear, Yvonne Webber, Julie Crack, Linda Jongeling, Rosalind Bull, Anthony Speed & Angela Reddy.
- The Tasmanian School of Nursing for providing the infrastructure and additional staff time to make the conduct of the project possible.
- Professor Gerry Farrell and Ms Denise Fassett of the Tasmanian School of Nursing for their active support of the project.
- The students and preceptors who so willingly gave of their time and enthusiasm to make this project possible.

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Glossary

- DON Director of Nursing
- ECA Extended Care Attendant
- EN Enrolled Nurse
- RCF Residential Care Facility
- RN Registered Nurse
- TSoN Tasmanian School of Nursing

Executive Summary

Background

The recruitment and retention of nurses into aged care is cause for ongoing concern. In Tasmania, the historically limited exposure of nursing students to residential care facilities (RCFs) is said to undermine the ability of aged care providers to attract new graduates. Yet evidence suggests that if students are not supported appropriately when on clinical placement in the sector, following graduation they will not choose aged care as a career option.

In an attempt to address these concerns regarding recruitment and retention, the Commonwealth Government has implemented the Commonwealth Aged Care Nursing Scholarship Scheme (CACNSS) to support nursing students' engagement in aged care contexts. In 2003 the Commonwealth funded an additional program to develop support structures for CACNSS scholarship holders.

In June 2003 the Tasmanian School of Nursing (TSoN) received Commonwealth funding as part of the Commonwealth Aged Care Nursing Scholarship Support Systems (CACNSS) program. The funding was intended to pilot a project designed to build on the successful 'Making Connections in Aged Care' study (Robinson, et al., 2002) conducted by the TSoN in 2001. This project is titled 'Building Connections in Aged Care'. It will be conducted over three Stages between September 2003 and May 2005 and will involve six industry partner RCFs located in the north-west, northern and southern regions of Tasmania.

The first two Stages, funded by the Commonwealth, will involve 40 second year nursing students, some of whom are CACNSS scholarship holders. The students participate in a three-week clinical practicum across two academic semesters, which correspond to successive Stages of the project. Additionally, 30 registered and enrolled nurses, employed in the six RCFs, will participate in the project by virtue of their role as preceptors working with students.

RCF industry partners and the TSoN will fund Stage three of the project. In this Stage the registered and enrolled nurses involved in the first two Stages will continue to meet in groups in the three regions of the State. The meetings will have a focus on progressing professional development and research opportunities in the RCFs. Combined with the first two Stages, this Stage is integral to exploring possibilities to develop the RCFs as key sites for teaching and research in aged care.

Project aims

The project has five interrelated aims:

1. To develop sustainable support structures for undergraduate nursing students in practice in aged care;
2. To promote aged care as an attractive working environment for student nurses and to facilitate their interest in working in the sector;
3. To facilitate professional development among aged care nurses to increase their capacity to effectively support undergraduate students in aged care;
4. To build capacity among the aged care nursing workforce to support post-graduate nursing students and re-entry nurses in aged care; and
5. To explore possibilities for developing 'teaching RCFs' in Tasmania as key sites for teaching and research in aged care.

Research approach

Following the ‘Making Connections’ study, this project also utilises a Fourth Generation Evaluation method. This method has a strong focus on promoting the research participants involvement as collaborators in the research process. To implement the method, the students and preceptors meet in separate, parallel groups on a weekly basis throughout the students’ three-week practicum. This involves the formation of three preceptor groups and three students groups, associated with the participating RCFs in each of the three regions of the State. In each region two RCFs are paired with both students and preceptors from the pair-facilities coming together to meet in a preceptor group and a student group. A feedback loop between the respective preceptor and student groups in each region is used to facilitate communication and problem solving. Additionally, preceptors attend further meetings for the purposes of planning and evaluation. It is important to note that participation required some travel as the paired RCFs are located, on average, 20 minutes drive from each other. Therefore, in each region meetings were held in alternate facilities on a weekly basis.

The report of stage one of Building Connections in Aged Care project

This report addresses the findings of Stage one of the project. In Stage one the primary intent was to scope the issues, which impact on teaching and learning and the capacity of the involved RCFs to support an educative agenda. As the findings below demonstrate, because the researchers had an ongoing and intense involvement with students and nurses in the context of the research meetings (five preceptor and three student meetings in each region — a total of 24 meetings), many issues were revealed in the research discussions. Furthermore, the collaborative interactive methodology used to facilitate the project, supported the participants’ sense of ownership and their desire to flesh out and address the issues raised. Consequently, the findings presented in this report provide a unique insight into the operation of residential care facilities not previously documented in the literature.

Moreover, the findings have high-level applicability within aged care. The involved facilities are generally representative of RCFs because they are located in both rural and urban environments and vary in size and the services they offer. Similarly, like many aged care contexts, the RCF industry partners involved in this project have three to four undergraduate nursing students on clinical placement at any one time. This means that the strategies developed in this project will have wide spread applicability to other RCFs both within Tasmania and nationally.

The representative nature of the RCFs supports the project focus on developing an internally supported and transferable model that is designed to build capacity to support a sustainable culture of research, teaching and learning within residential aged care. The development of RCFs with a strong educational and research culture is a key strategy to promoting recruitment and retention of nurses into the sector, as well as the implementation of evidenced based practice in aged care.

Project steering committee

The project operates under the auspices of a steering committee comprising key stakeholders in the field. Prior to publication, a draft of the report was reviewed and subsequently endorsed by the project steering committee members.

Report structure

The report comprises nine sections. They include:

1. An introductory section;
2. A literature is reviewed in section two;
3. Section three addresses the methodology employed on the project;
4. Section four outlines the research design;
5. Section Five provides background information and demographic data on the participants and industry partner RCFs;
6. Section six addresses the context of aged care with a focus on how this impacts on teaching and learning;
7. Section seven documents the findings with respect to preceptorship and facilitating the students learning experience in the RCFs;
8. Section Eight provides data on the evaluations completed by students and preceptors at the completion of Stage one of the project;
9. Section nine outlines a series of recommendations and a detailed discussion of the issues raised in the project; and
10. This is followed by the Appendices and References.

A précis of the discussion contained in Section nine and the 20 project recommendations are outlined below.

Findings & recommendations

The context of aged care

Recommendation 1

That the Registered and Enrolled Nurses involved in Stage one of the project continue to meet together on a weekly basis in Stage two, to discuss their practice as preceptors.

The findings demonstrate that the preceptors had a high level of commitment to the project and received significant benefits as a result. Participation facilitated a process, which saw the nurses become more proactive in pursuing professional development opportunities. Of note, the 85% meeting attendance rate among the three preceptor groups is remarkable given that these nurses had to travel a significant distance to attend meetings. Similarly, it demonstrates the commitment of their employers who facilitated their participation and travel to meetings, as well as providing the necessary infrastructure to make this possible.

Recommendation 2

Efforts should be made to create opportunities for aged care nurses to meet in a professional context to facilitate collegial relationships/networks to explore and develop their practice

Recommendation 3

Additional funding, beyond the Building Connections project, should be provided to further develop both the capacity and sustainability of the industry partners to function as ‘Teaching RCFs’ and key sites for teaching and research in aged care in Tasmania.

The findings highlight the importance of aged care nurses having an opportunity to meet to discuss practice issues, both within their facilities and with colleagues from other RCFs. Over the course of a normal working day nurses working in the sector have few opportunities to interact with their colleagues. They work in relative isolation in a context characterised by a limited professional engagement or networks into the wider aged care sector. The findings demonstrate that significant benefits accrue when nurses working in different RCFs come together to compare issues in their respective facilities and collaborate to develop and implement strategies to promote best practice.

Furthermore, the project findings indicate that the very act of working with students provoked the nurses’ involvement in professional development activities, feeding an aspiration to improve their practice. This finding also suggests that having student nurses on placement in RCFs is central to the development of a learning organisation. As such, the development of ‘teaching RCFs’ as sites where research and best practice are developed and prosper should be considered a key strategy to promote ongoing development in aged care.

However, given the extent of nurses’ historical isolation and lack of professional engagement, in order to ensure the sustainability of an emerging educative culture within the facilities, it is reasonable to suggest that further funding should be made available to support them. This will help support the facilities to continue to build their capacity as ‘teaching RCFs’ and their concurrent function as key sites for teaching and research in aged care in Tasmania.

Recommendation 4

Investigate student perceptions of the role of a registered nurse in aged care and how these perceptions match their understanding of their role and function as a nurse following graduation.

Recommendation 5

That funding be applied to a national project to examine the role of the registered nurse in aged care with a specific focus on their involvement in the provision of nursing care to residents and the supervision of unregulated workers. This project should build on the evidence arising from the ‘Building Connections’ project.

Like their colleagues involved in the ‘Making Connections’ project (Robinson, et al., 2002), the findings of this study indicate that student nurses struggle to conceptualise the role of the registered nurse in aged care. It is concerning that students perceive the RN role as being distinct from the provision of resident care, which they saw being performed by unregulated workers. In contrast, nurses were seen to be primarily concerned with drug administration, documentation and the conduct of procedures.

This is concerning on a number of levels. Firstly, if it is unregulated workers who provide the most care to residents in circumstances which generally involve limited supervision or input as Menzies (2002) reports, this is cause for concern. Secondly, the fact that students report this impression must also have implications for recruitment and retention into the sector — why would they be interested in working in an environment where it appears they will have limited contact with residents and by implication a limited capacity to provide

‘care’, a practice which lies at the very heart of nursing. If the students do not perceive the role of a registered nurse in aged care to be congruent with their perception of their role following graduation, this raises a fundamental obstacle to encouraging new graduates to work in the sector. Clearly this is an area for further research at a national level to investigate this issue. Moreover, combined with the concurrent perception of students that RNs have an unreasonable scope of responsibility, this adds to the problems associated with marketing aged care as a viable workplace for new graduates.

Recommendations 6

That the involved RCFs ensure that computers with internet access and printing capability are available to staff and students in a secure location where the confidential case notes can be downloaded and printed.

Recommendation 7

That an Australia-wide audit be undertaken to determine the capacity of the IT infrastructure in RCFs and the level of IT literacy of staff working in the sector.

The project findings reveal significant gaps in the IT infrastructure within the RCFs, as well as a lack of IT competency among the RN/EN preceptors. While this caused problems with facilitating the research, it is also of concern given the impetus from the Commonwealth to use the internet and IT infrastructure as a key strategy to facilitate development in the sector (Australian Department of Health and Ageing, 2003). Given the representative nature of the participating RCFs involved in this study, these findings suggest that an audit of RCFs in Australia should be undertaken to determine their IT infrastructure capacity and the level of IT literacy of staff working in the sector. An audit would allow the development of IT infrastructure standards, which could be applied across the industry.

Facilitating teaching and learning in RCFs

Recommendation 8

Extended Care Assistants (ECAs) who work with students on placement in RCFs need to receive up-skilling regarding:

- the students learning needs; and
- the appropriate focus and strategies to facilitate teaching and learning with undergraduate nursing students.

Recommendation 9

Preceptors need to actively support the integration of ECAs into the nursing team in RCFs and thereby support them in their work with students. Funding possibilities should be examined to support the up-skilling of ECAs to facilitate such developments.

Recommendation 10

The School of Nursing should address the issue of working with ECAs with all students on placement in RCFs.

The findings indicate that students spent up to 20% of their time working with ECAs in the RCFs and that this work was primarily oriented towards the provision of resident care. Their comments indicate that in general the ECAs were unprepared to teach them and had limited knowledge of their learning needs or effective strategies to facilitate teaching and learning.

As well, the findings reveal that in the context of their undergraduate training, the nursing students sometimes struggled to accept the legitimacy of this arrangement.

The necessity of ECAs receiving preparation prior to working with students in RCFs was specified in the report of the 'Making Connections' project (Robinson et al., 2002) and reinforced in the findings of this research. Equally, it is important for students to be given the opportunity to discuss the legitimacy of working with ECAs in RCFs. The School of Nursing has some responsibility in this area, as do the RCFs. It is also evident that the RN/EN preceptors should take a key role in facilitating the integration of ECAs into the teaching team.

However, projects such as 'Building Connections' open up the opportunity to up-skill ECAs so they can be more effectively integrated into the nursing team and thereby are better positioned to support students. While such developments are beyond the scope of this project, given the emerging educative culture within the participating RCFs, they are well positioned to facilitate an ECA u-skilling program. Funding possibilities should be examined to facilitate this.

Recommendation 11

TSoN teaching staff should consult with members of the 'Building Connections in Aged Care' research groups to revise the documentation sent to aged care providers regarding students on placement, so that it better meets the information needs of staff.

Recommendation 12

Members of the TSoN should meet with members of the 'Building Connections in Aged Care' research group, and other staff, in each RCF to disseminate information and discuss the student's previous experience and learning needs. The first of these meeting should be held at least 6-8 weeks prior to the students entering practice, to enable the RCF staff to plan the practicum (see below regarding orientation and rostering).

Recommendation 13

In each RCF a member of the 'Building Connections in Aged Care' research group should be nominated/volunteer to act as the 'link person' to liaise between the DON/TSoN and members of the other research groups, to ensure ongoing dissemination of information from the TSoN

Recommendation 14

In consultation with the DON, the members of the 'Building Connections in Aged Care' research group in each RCF will hold meetings with other staff who will work with students on placement in the facility. At these meetings they should discuss the students':

- **previous experience;**
- **learning needs; and**
- **strategies to facilitate teaching and learning.**

An unexpected finding of the project relates to the problems with communication of information about students to staff who worked with them in the RCFs. It was apparent that information relating to the students' prior learning and needs did not reach many of the RN/EN participants and that this communication breakdown significantly undermined the ability of aged care staff to appropriately structure their teaching of students. Not surprisingly, the lack of access to information also impacted on the degree to which preceptors could prepare other staff to teach students. Additionally, the low impact of information supplied by the TSoN regarding students suggests that this documentation

requires modification and/or development, while meetings between the TSoN and RCF staff should be conducted within a time frame that allows forward planning.

Recommendation 15

In consultation with the DON members of the ‘Building Connections in Aged Care’ research group in each RCF should develop a plan for the orientation of students into the facilities. In consultation with the DON this plan should include the following:

- **The development of an orientation checklist and information kit informed by the project evaluation outlined in table 4;**
- **A member of staff in each RCF being given responsibility for coordinating the orientation of students and the dissemination of information regarding their arrival to staff in the facility;**
- **A member of the ‘Building Connections’ research group being allocated as the primary preceptor for each student to facilitate their orientation in collaboration with the orientation coordinator; and**
- **Students should commence work in the facilities at a time other than 7.00 am and if possible they should be allocated to their primary preceptor on the day of their arrival – rosters should be developed accordingly.**
-

Problems with communication were no more evident than in the area of student orientation. The findings suggest that students had a varied experience with respect to orientation and that when it was good it was very good and when it was bad it was terrible, a consequence of poor planning and communication. In part this reflects a reality where historically RCFs have had minimal involvement with students, so the importance of providing a comprehensive orientation to welcome students into the facilities may not have been fully recognised. It is clear that the RCFs must devote more energy and resources to planning orientation, while starting students on their first day at 7.00 am is clearly inappropriate. Similarly, it is imperative that, as a part of the planning process, individual preceptors should be allocated to specific students and that the nursing rosters need to be constructed to facilitate this.

Recommendation 16

It is imperative that efforts be made to facilitate a greater degree of continuity between students and their preceptors. To this end the following strategies should be implemented in Stage two of the project:

- **In consultation with the DON members of the ‘Building Connections in Aged Care’ research group in each RCF should target staff in their facilities to act as secondary preceptors to students. These staff should be actively encouraged to participate in preparatory sessions conducted in the RCFs prior to the students’ arrival (as outlined above);**
- **The preceptors’ rosters, in the first two-weeks of the students’ practicum, should be developed well in advance of the students’ arrival in the facility to ensure the greatest level of continuity is possible between preceptor (primary and secondary) and student. If possible, primary preceptors (as members of the research group) should suspend their annual leave and night duty rotations during the period of the students’ practicum;**

- **The students' roster should be developed to match as closely as possible with that of their preceptor(s). The TSoN should play a key role in ensuring students' know their rosters as long as possible prior to commencing the placement and that they understand the importance of having continuity with their preceptor(s); and**
- **At the end of the second week of the practicum the preceptors should negotiate with students to structure learning activities for the following week. This may include a change of area.**

A key issue to be addressed in Stage two of the project relates to improving the level of continuity between students and preceptors — that is, the degree to which students work with the same preceptor over the course of the practicum. Similar to the 'Making Connections' study (Robinson et al, 2002:7) the findings of this project illustrate that when there is a reasonable level of continuity between preceptor and student, opportunities for teaching and learning flourish.

However, to achieve this will require considerable forward planning to ensure that students are rostered to work with the same preceptors over successive shifts. If nursing homes are to assume the role of 'teaching RCFs', the education of students should take a priority and the work patterns of staff acting as preceptors to students should take this into account with respect to rotations onto night duty and annual leave. The TSoN also has a role in assisting students to understand that they too have a responsibility to facilitate continuity with respect to their outside commitments.

While developing sympathetic rosters is central to achieving continuity, the part-time nature of the aged care workforce is a significant constraint. Given this staffing profile, students should be allocated both a primary and secondary preceptor, similar to the arrangements outlined in other projects (Robinson et al, 1999; Robinson & Di Cocco, 2002), where the secondary preceptor collaborates with the primary preceptor to support the student in the absence of the latter.

Interestingly, the project findings also reveal that not only should there be continuity between preceptor and student, but also continuity of the areas in which students work. The findings illustrate that while students were moved to different areas this often has a disorientating effect especially in the context of a relatively short three-week clinical practicum.

Recommendation 17

That the fourth generation evaluation method utilised in Stage one of the project be adopted in Stage two.

Recommendation 18

That each RCF develop a list where each resident's diagnosis and key treatments are documented.

Recommendation 19

That each RCF develop a 'duty plan' which outlines the organisation of work in the facilities and key activities for each shift.

Recommendation 20

That each RCF identify a key member of the research group to facilitate additional debriefing sessions for students. It is recommended that students have at least two of these sessions each week.

Finally, reinforcing the findings of the Making Connections study (Robinson et al., 2002), the project findings demonstrate the efficacy of the fourth generation evaluation method in facilitating preceptorship in RCFs. Strategies developed through the operation of the feedback loop between students and preceptors (for example, those outlined in recommendations 18 and 19) highlight this. However, given the sometimes confronting and very different nature of aged care nursing, the students may need more frequent opportunities to debrief and discuss their experiences. It is recommended that a key staff member in each RCF, preferably a member of the research group, hold meetings with students on a regular basis. This will allow the agencies to further demonstrate their commitment to the students and the development of their capacity as ‘teaching RCFs’.

1. Background

In Australia there are longstanding concerns regarding the recruitment and retention of registered nurses into aged care contexts. In Tasmania the situation has been aggravated by the limited exposure of undergraduate nursing students to the sector. This has undermined the ability of providers to attract new graduates and frustrated the professional development of aged care nurses. Moreover, anecdotal evidence suggests that initial attempts to place student nurses in aged care only serves to reinforce their ageist attitudes and a resolve among students not to choose aged care as a career option.

Previously (1987-88) the Tasmanian School of Nursing (TSoN) used residential aged care facilities for the students to develop their skills in assisting older people to undertake 'activities of daily living' in the first year of the Bachelor of Nursing (BN) program. The students attended aged care facilities for one afternoon per week where they were supervised by academic staff. This experience was followed by a block of practice in aged care at the end of semester one, year one. As the course structure changed the practice component offered in year one moved to year two and year three and aged care facilities were no longer utilised. Subsequently, students have undertaken clinical practice in rural hospitals and in multipurpose health centres within aged care divisions of the DHHS, but not in dedicated residential aged care facilities.

The 'Making Connections in Aged Care' project

To test the potential for re-introducing students into residential care facilities (RCFs) in 2001 two industry partners, the Park Group and Masonic Homes Launceston, jointly funded the Tasmanian School of Nursing to undertake the 'Making Connections in Aged Care' research project. Additional funding was received via a University of Tasmania Teaching Development Grant.

The Making Connections partners funded a project to facilitate a positive experience for second year undergraduate nursing students on three-week clinical placements in their facilities. Addressing students' potentially negative experiences in aged care was seen as critical to promoting the sector as a viable work site for new graduates. It was also seen as important to facilitate the professional development of registered nurses in the sector, so they could effectively support undergraduate students in practice. The partnership resulted in the 'Making Connections in Aged Care' report (Robinson, Cubit et al. 2002).

The report of the project was launched by the Commonwealth Minister for Ageing, Kevin Andrews, in December 2002. The project findings highlighted that:

there is a relative absence of literature, which addresses effective strategies to support student nurses involved in clinical practicums in aged care;

- aged care nurses feel ill equipped to support undergraduate nursing students, are anxious at the prospect of assuming the role of a preceptor and have significant reservations about their ability to perform appropriately;
- student nurses find aged care nursing confronting, so a key role for preceptors is to 'demystify' the provision of care and help students make sense of their experiences, for example in caring for residents with dementia;
- continuity between individual preceptors and students is central to the development of rapport between the two. In turn this is critical to students gaining confidence,

- achieving competence and taking a proactive role in determining their learning needs;
- clinical practicums structured around a 4th generation evaluation process result in a positive change in students attitudes to working in aged care — the ‘Making Connections’ project found that of the 27 students involved, on entry 64% indicated that they **would not** consider aged care as a future employment, while at completion 92% indicated they **would** consider aged care as a future employment (Robinson, Cubit et al. 2002);
- when appropriately supported, aged care nurses enthusiastically embrace the opportunity to participate in activities directed at supporting students in practice; and
- working with students in the context of a 4th generation evaluation process, motivates aged care nurses to engage in professional development activities and critically reflect on their own practice thereby facilitating sustainability of the process.

The project report generated considerable interest within the aged care sector in Tasmania.

Subsequent clinical placements

Following the completion of the ‘Making Connections’ project, anecdotal reports from subsequent groups of students in practice in the two aged care facilities, indicated that they felt well supported and that the experience was positive. These comments indicate a high level of sustainability of this approach in bringing about improvement.

In 2002 the TSoN restructured the clinical practicums of TSoN students. As a consequence second year students were allocated clinical placements in residential aged care facilities. The placement of these students was encouraged by residential aged care facilities who expressed an interest in taking students and increasing the exposure of nursing students to older people. In 2003 approximately 200 first year nursing students participated in clinical practice in residential aged care settings as part of the BN program. This new affiliation with the aged care sector has benefited both the TSoN and the facilities as demonstrated by the overwhelming positive feedback from both the students and RCF staff. This non-acute focussed experience is continued in the second year of the program where the students participate in a three-week rural/remote or aged care clinical placement as part of their clinical practicum.

To support the students going into practice in RCFs in 2003, copies of the ‘Making Connections’ report were posted to all aged care facilities who had agreed to take nursing students. The report documents the key issues that either facilitate or impede teaching and learning in residential care. The intent of circulating the report was to provide information that would inform staff who worked as preceptors and to assist in the preparation and planning process. It was anticipated that the Directors of Nursing (DONs) and nursing staff would read this report.

Additionally, consultation with aged care providers, in the course of setting up student placements, indicated that a number of the RCFs had released staff to attend Nursing Board of Tasmania accredited preceptor courses during 2002-03. The Board-approved assessors were motivated to maintain their preceptor status by precepting at least two students per year, and were therefore keen to accept students.

The ‘Building Connections in Aged Care’ project

The success of the ‘Making Connections in Aged Care’ project led the TSoN to seek further funding from Commonwealth Department of Health and Ageing (DoHA) to develop capacity within a group of Tasmanian aged care facilities and to further explore the findings outlined in the ‘Making Connections’ report. Additionally, conducting a project in other rural and regional aged care facilities would generate information on the applicability of the approach used in ‘Making Connections’ across a range of aged care settings. It would also allow for a thorough and rigorous evaluation of the sustainability of this approach to support undergraduate nursing students in aged care.

Subsequently the TSoN was successful in receiving \$79,846 of funding from the DoHA to conduct the project titled, ‘Building Connections in Aged Care’. Within the funding program, the specific focus of ‘Building Connections’ was to develop sustainable support structures for:

- Commonwealth Aged Care Nursing Scholarship Scheme (CACNSS) scholarship holders and other Bachelor of Nursing students involved in clinical practicums in the TSoN in 2003-2004; and
- their RN preceptors working in aged care facilities.

This intention was appropriate because the findings of the previous research made it clear that both Registered Nurse (RN) preceptors and students on placement in aged care facilities need to be supported appropriately if they are to have a positive experience in aged care.

The project structure will be outlined in section five. Briefly the TSoN funding submissions outlined that in ‘Building Connections in Aged Care’:

- students would be placed in aged care facilities in the north-western, northern and southern regions of Tasmania; and
- the project would be conducted in three Stages:
 - Stages 1 & 2 would target undergraduate students, with a group of students and a groups of preceptors being established in each region (N= 3 student groups & N= 3 preceptor groups).
 - Stage 3 would target RN preceptors and will employ an action research method to develop their capacity to support future groups of undergraduate students, as well as post-graduate students and re-entry nurses.

This report focuses on the findings from Stage 1 of the ‘Building Connections in Aged Care’ project.

2. Literature Review

The 'Making Connections in Aged Care' project' (Robinson et al., 2002), referred to previously, identified an absence of literature on effective strategies to support the placement of student nurses in aged care. The aim of this literature review is to build on the work by Robinson et al. (2002) by focussing on material published after the completion of the study.

Changes in demographics and service provision

Australia has an ageing population. The latest census data indicates that the number of persons aged 65 years or over has increased from 12.6% in 2001 to 12.7% in 2002 and now stands at a total of 2.5 million people (ABS 2003). Furthermore, the number of persons aged 75 years and over is the most rapidly increasing group and constitutes the highest users of health services (AIHW 1997).

In response to these changing demographics there have been a number of reforms to the residential aged care system. The most significant reform has been the introduction of the *Aged Care Act 1997* under which the number of residential aged care places in Australia has increased by an average of 1% per year (AIHW 2003). With the number of elderly people entering aged care facilities increasing, the number of more highly dependent residents is also growing and highlights the ongoing need for skilled nursing staff (Gibson, Rowland, Braun and Angus 2002).

Issues with recruitment & retention in aged care

The difficulty of recruiting and retaining registered nurses in aged care has been well documented in the literature (Cheek, Ballantyne, Jones, Roder-Allen and Kitto 2002). A number of issues have been identified as contributing to these difficulties which include the perceived low status of aged care nursing (Anonymous 2002), lack of wage parity with acute care nurses (ANF 2001; Cheek et al. 2002) and the hard physical and emotional work required (Scott 2000). A report published by the Australian Nursing Federation (ANF) states that almost 9% of nurses have ceased working in aged care (Illiffe 2003). The ANF also reports that \$211.1 million was committed to aged care by the Federal Government in the 2002 Federal Budget (and almost half of this funding has been given to aged care providers) however, the gap between nursing wages in this sector and acute care has increased by 56%. In real dollar terms this equates to an increase in the gap from \$84.48 to \$149.89 per week (Illiffe 2003).

Recently the Tasmanian branch of Australian Nursing Federation (ANF) has sought to address some of these critical issues by forming a special Aged Care Special Interest Group whose main focus is to facilitate a forum for nurses working within this industry. The aim of this forum is to provide both professional development and assistance to become a voice to lobby on behalf of residents in their care.

It has been suggested in the literature that the challenge of attracting skilled nurses into aged care may be complicated by the prevalence of negative images and stereotypes associated with ageing in society (Braithwaite, Gibson and Holman 1986; Edgar 1991; Koch and Webb 1996; Herdman 2002). Common stereotypes and images of ageing include feebleness, dependency, forgetfulness and decreased cognitive processing (Braithwaite et al. 1986). The influence of these perceptions on the attitudes of student nurses was highlighted in a recent study by Robinson et al. (2003). In this study student nurses were often confronted by the 'old wrinkly bodies' of elderly residents and describe being shocked and horrified at what they perceived as 'decay and deterioration' and the reality of what it means to 'get old'.

A further complication identified in the literature is the proposition that registered nurses working in aged care also hold negative and ageist attitudes toward the elderly (Slevin 1991; Stevens and Herbert 1997; Ahmad 1998; Happell 2002). Slevin (1991:1204) argues that this may be attributable to ‘professional socialising influences’ negatively influencing their attitudes. Furthermore, Slevin (1991) suggests that there is a lack of ‘educational input’ including study days and ‘qualifying training’ undertaken by registered nurses in RCFs. Earlier work by Slevin (1989) highlighted deficits in continuing education where it was found that 74.4% of registered nurses working in a RCF had not attended a study day in the previous 2 years and over 64% had not attended any such days following registration. This may account for the negative attitudes observed in the study and may impact on how nurses are equipped for working with the elderly and their ability to provide preceptorship to student nurses.

Student nurses in aged care

Although the literature suggests that a large proportion of nursing students do not wish to work in an aged care setting (Stevens and Crouch 1992; McMinn 1996; Stevens and Crouch 1998; Happell 1999a; Happell 1999b), a recent study by Chen et al (2002:133), indicated that aged care facilities

‘provide students with greater opportunities to practice age-appropriate, individualised, holistic, nursing care and make the most informed decisions possible to meet a broad range of residents’ and families’ needs physically, psychologically, spiritually, environmentally, legally and financially’.

This comment can be contrasted with Happell’s findings, which show that ‘working with older people not only remains the least popular area but ... it has become even less desirable as a career preference’, (Happell 2002:534). Happell’s argument is that the experience students gain from working in RCFs may exert a ‘possible negative influence’ on their attitudes toward aged care (Happell 2002:534). If this exposure to aged care nursing is to be a positive experience for the students, Happell argues that they ‘require a high standard of clinical supervision provided by skilled and experienced Registered Nurses who take pride in the work that they do’, (Happell 2002:535). Unfortunately, it is reported that student nurses undertaking the role of care assistants in the RCFs see the role as ‘basic’ and that the ‘role of the registered nurses being of very little difference to their own untrained role’, (Happell 2002:535).

Recent work by Robinson et al. (2002) suggests that students nurses find aged care nursing confronting and that a key role for preceptors is to ‘demystify’ the provision of care and to help students make sense of their experiences. Continuity between individual preceptors and students is central to the development of rapport between the two parties. Maintaining this continuity is critical in supporting students to gain confidence, achieve clinical competence and to take a proactive role in determining their learning needs (Robinson et al. 2002).

Teaching and learning in aged care

The ‘Making Connections’ project (Robinson et al. 2002) reported that many aged care nurses feel ill equipped to support undergraduate nursing students and are anxious at the prospect of assuming the role of a preceptor. Furthermore, some aged care nurses have significant reservations about their ability to perform their role appropriately. However, the report also found that when aged care nurses are appropriately supported they enthusiastically embrace the opportunity to participate in activities directed at teaching students in practice (Robinson et al. 2002).

Despite the benefits of providing student nurses with a mentor in aged care, caution must be taken to avoid potential problems that may arise from the relationship between preceptor and student. Mamchur and Myrick (2003:189) argue that the 'preceptor relationship is ripe for conflict' and that this can have a negative impact on the quality of the clinical experience. Issues such as a student's lack of clinical skill or poor attitude towards practice can add to the stress associated with undertaking a preceptor role which can increase the potential for 'burnout'. Other concerns that have been noted in the literature relate to the pressure of the multiple responsibilities assumed by preceptors and the associated increase in their workload (Yonge, Krahn, Trojan, Reid and Haase 2002:27).

Collaborative approaches to developing preceptorship

The 'Making Connections' project identified a number of complications with traditional approaches to the training of preceptors. The most significant problem identified in the study was the use of stand-alone workshops which led the researchers to adopt a more collaborative approach. Another recent study (Gaskill, Morrison, Sanders, Forster, Edwards, Fleming and McClure 2003) demonstrated how using a collaborative approach can be 'an effective way of reducing the divisions between education, research and practice'. However, the researchers also outlined a number of difficulties associated with this approach including 'financial considerations, different priorities and time constraints', (Gaskill et al. 2003:348). A significant finding of this study was that negotiations prior to, and during the research, are complex but crucial for successful collaboration to occur. The involvement of staff from across the facility was also identified as important if a project is to have an impact at the clinical practice level.

The 'Making Connections' project demonstrated that a 4th generation evaluation process is effective in developing a preceptorship program in aged care. The findings of the project reveal that participation as a preceptor motivates aged care nurses to develop their knowledge and mentoring skills, to engage in professional development activities and to critically reflect on their own practice (Robinson et al. 2002). During the project the students and registered nurses developed and implemented strategies to facilitate the preceptorship process in a collaborative environment. This approach has been replicated in this study due to its success in providing students with a positive experience in aged care.

3. Method

Recruitment

Industry partners and funding

A total of \$79,846 of funding was received from the Commonwealth Government towards the project in late 2002. Leveraging off its well-established networks within the aged care sector of Tasmania, the TSoN commenced discussions with a number of aged care providers regarding their inclusion in the project¹. The TSoN defined the following set of inclusion criteria:

- Geographical location;
- Having students enrolled in the unit Supportive Care in Hospital and Community Settings on clinical placement in the facility in the first semester of 2003; and
- Strong links with the TSoN.

During a preliminary meeting held with each of the facilities targeted, the TSoN outlined the nature of the project (see Section 4: Research Design – Project Structure) and a proposal that each industry partner provide funding to support a third Stage of the project. Following the meetings, the six targeted RCFs (referred to in this report as RCFs 1-6) agreed to participate and contribute \$3,000 to Stage three of the project — a total of \$18,000. Additionally, the TSoN agreed to provide 13 days consultant funding, infrastructure, consumables and travel from the TSoN — equivalent to \$18,000.

Key stakeholders were subsequently invited to join a project steering committee (see Section 4 p20 for membership of the steering committee). The steering committee first met in August 2003 at Campbell Town, Tasmania – a central meeting point for all participants. The project outline was discussed together with the terms of reference for the steering committee developed. Following this meeting Stage one of the project, the subject of this report, commenced in September 2003.

Methodology

Project aims

This project has five interrelated aims:

1. To develop sustainable support structures for undergraduate nursing students in practice in aged care;
2. To promote aged care as an attractive working environment for student nurses and to facilitate their interest in working in the sector;

3. To facilitate professional development among aged care nurses to increase their capacity to effectively support undergraduate students in aged care;
4. To build capacity among the aged care nursing workforce to support post-graduate nursing students and re-entry nurses in aged care; and
5. To explore possibilities for developing ‘teaching RCFs’ in Tasmania as key sites for teaching and research in aged care.

Methodological approach

The project utilised a 4th generation evaluation methodology (Guba and Lincoln 1989:72-74). This involved the formation of three groups of registered nurse preceptors and three groups of student nurses on clinical placements in the six RCFs. This approach was employed to facilitate communication (McGuinness and Wadsworth 1991) between the students and their preceptors because previous research has demonstrated this process to be very effective in facilitating teaching and learning in practice (Robinson, et al. 1999).

To implement the method, students and preceptors met in separate, parallel groups on a weekly basis throughout the 3-week practicum. Sessional project officers employed by the School of Nursing participated in both student and preceptors groups in each RCF and facilitated a feedback loop between the student and preceptor groups on an agreed-to basis. The feedback loop provided anonymity for both parties and a safe mechanism for both students and their preceptors to provide critical comment. Meetings were audio-taped and transcribed. The transcripts were subsequently developed into **research case notes** representing a first level analysis of the issues raised in the research meeting. The notes of one meeting were returned to the respective participants prior to the next.

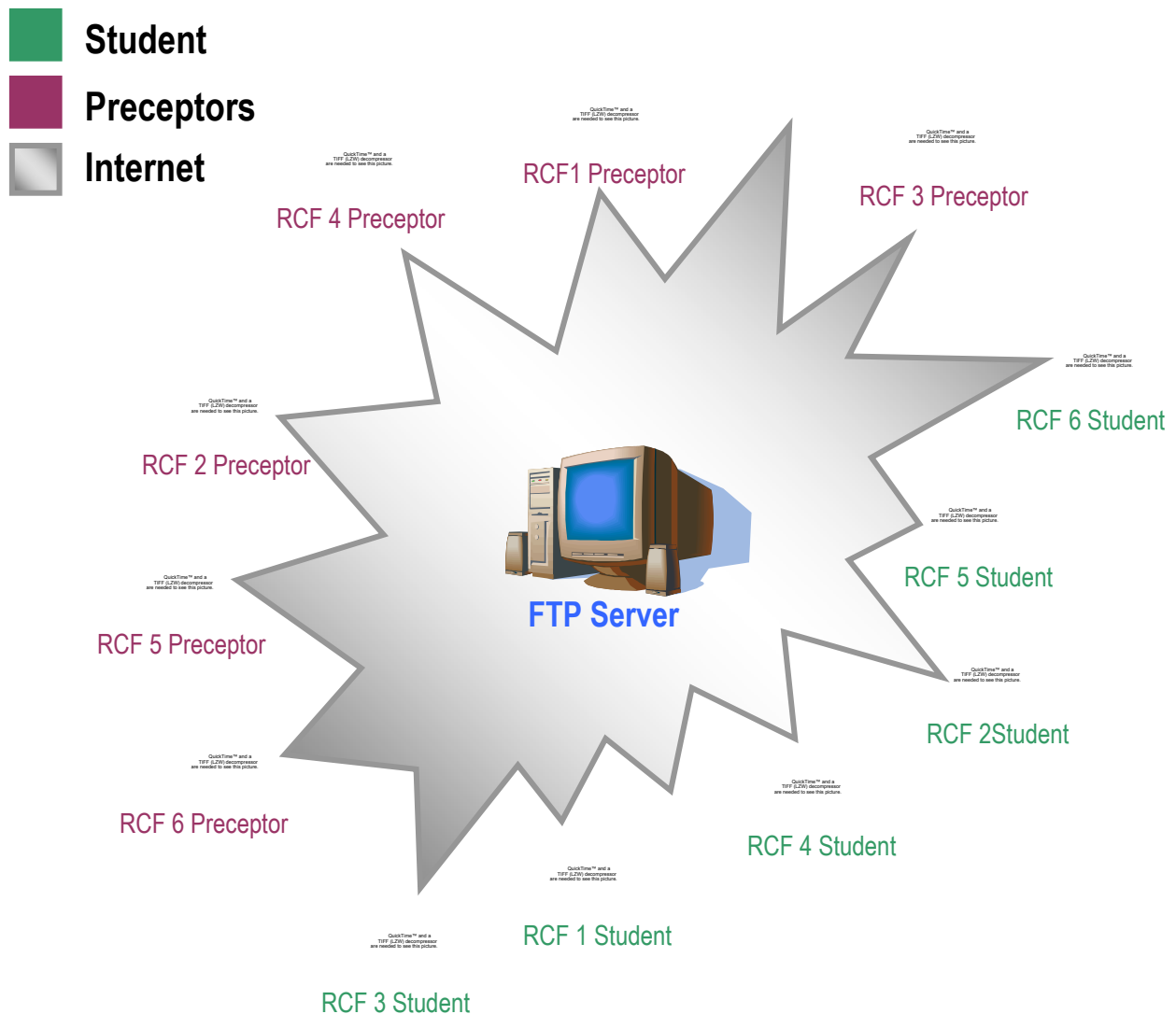
The nature of the discussions in the research groups were structured according to a series of ground rules that established an environment of trust (Giroux 1988:72). By engaging reciprocal dialogue the students and preceptors were encouraged to critically reflect on their experiences through the process of story telling. Story telling is a well established educational technique by which habit, ritual and taken-for-granted understandings can be recast as the extra-ordinary and unfamiliar (Epston and White 1992). For example, a preceptor may reconceptualise their role and a student nurse may reconsider their work with elderly people in an aged care facility. Ultimately, the possibility for alternative narratives emerge and by implication, possibilities for developing new understandings of teaching and learning in aged care (see Appendix 9 for a more in-depth discussion of this approach).

IT Interface – reciprocity and sharing of data

A secure process for the distribution of weekly **research case notes** that ensured anonymity and confidentiality was necessary to meet the ethical requirements of this project. A secure internet ‘drop site’ was established consisting of twelve ‘drop boxes’ using an FTP server. This site was co-developed by a systems analyst and the project manager and provided a single repository from which all preceptor and students groups could obtain research case notes. A key advantage of this system was that information could be easily and safely distributed to geographically disperse participants see Figure 1 below).

A single person from each group was selected on the basis of their perceived ability to use the technology and appointed the role of downloading, photocopying and distributing the research case notes. A disc containing a direct link to the appropriate ‘drop box’ with a password was provided to this person. Furthermore, information on how to access the FTP site was provided during the weekly meetings with the students and some preceptors also participated in these sessions with varying success.

Figure 1: Electronic distribution of research case notes



Numerous difficulties were experienced by the groups with this system including the loss of the disc and lack of a disc drive being present on facility computers. Subsequently, access to the FTP site was upgraded to provide the students and preceptors with functionality to login through a HTML web page by entering their username and password. The project web site is: <http://www.healthsci.utas.edu.au/tson/ftp/index.html> (see Figure 2 below).

Figure 2: Project web site

QuickTime™ and a
TIFF (LZW) decompressor
are needed to see this picture.

The use of the internet was only partially successful as all participants were not able to gain access to the internet site which contained the drop boxes.¹ To ensure all participants received the notes, two project officers chose to individually email the participants with the **research case notes** attached. However, staff at one facility were unable to utilise this technology, so the project manager organised to fax the relevant **research case notes** to a contact person, having phoned them immediately prior to ensure they were with the fax when the notes arrived. This ensured that the confidentiality of the **research case notes** was maintained at all times.

¹ This issue is addressed in greater detail in section 6

4. Research Design

Participants

University of Tasmania (UTAS) investigators

- Dr Andrew Robinson: Senior Lecturer, TSON, Project leader.
- Mrs Louise Venter: Lecturer & Co-ordinator of the 2nd year undergraduate unit Supportive Care in Hospital and Community Settings, TSON.

Aged care facility partners

- The DON from each of the participating aged care facilities.
- **30 registered and enrolled nurses** who act as preceptors to nursing students on clinical placements in the aged care facilities.

University of Tasmania student nurses

- 40 second year nursing students involved in the TSON unit Supportive Care in Hospital and Community Settings — **20 in Stage one** (semester one 2003) and 20 in Stage two (semester two, 2004).

The placement of students was organised as outlined below:

Table 1: Student placement by RCF

Region	Facility	Number of students
North	RCF 1	3
	RCF 2	3
North West	RCF 3	4
	RCF 4	3
South	RCF 5	4
	RCF 6	3

Project Steering Committee

A project Steering Committee oversees the conduct of the project and provides advice to the project team. Membership of the committee comprises:

1. The project leader (Chair).
2. The coordinator of TSON unit Supportive Care in Hospital and Community Settings.
3. The project manager.

4. Directors of Nursing from the participating RCFs.
5. Assistant State Manager (Tas), Aged and Community Care, Commonwealth Government Department of Health and Ageing.
6. Student nurse representative.
7. Senior Lecturer Rural Education Development, University Department of Rural Health, University of Tasmania.
8. Preceptor representative.
9. Consumer representative.
10. Representative of Aged and Community Services Tasmania.
11. Directors of Nursing involved in the Making Connections in Aged Care project.

Project research team

The project team comprises:

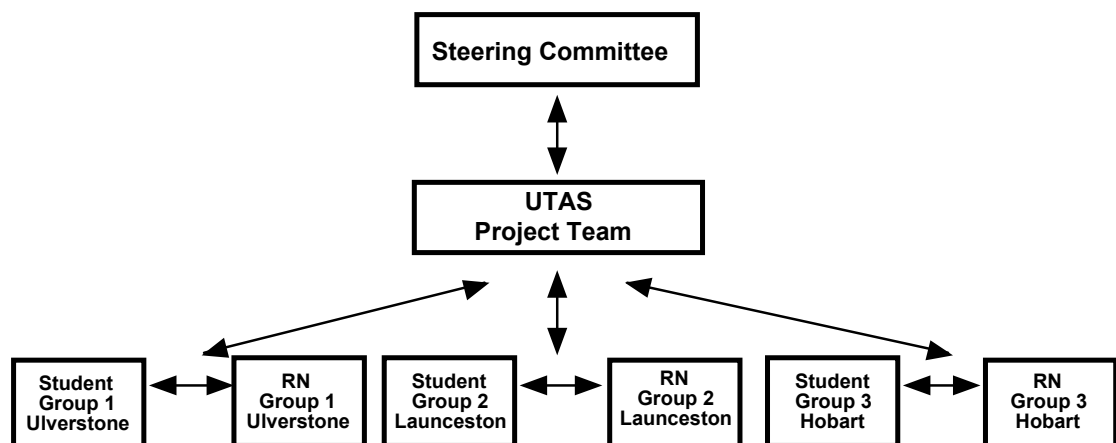
- | | |
|-------------------------|--|
| 1. Dr. Andrew Robinson: | Chief investigator — Senior lecturer, TSoN. |
| 2. Mrs Louise Venter: | Investigator — Lecturer & Coordinator of the 2 nd year undergraduate unit Supportive Care in Hospital and Community Settings, TSoN. |
| 3. Ms Katrina Cubit: | Project manager |
| 4. Ms Linda Jongeling: | Research assistant |
| 5. Mr Brett Menzies: | Research assistant |
| 6. Mr Matthew Fassett | Research assistant |

The project team has met weekly either face to face or via teleconference to discuss the work in progress and to conduct ongoing evaluation.

Project structure

The structure of the project is summarised in Figure 3 below.

Figure 3: Project Structure



Stage one of the project was conducted in six aged care facilities located in both rural and regional areas. It involved 20 second year students enrolled in the Bachelor of Nursing course at the Tasmanian School of Nursing (TSoN), University of Tasmania. A second group of 20 students will be involved in Stage 2 in semester one, 2004. The practicums constitute a component of the second year undergraduate Bachelor of Nursing unit *Supportive Care in*

Hospital and Community Settings. In practice the students worked with Registered Nurse preceptors had a responsibility to:

- work one on one with students;
- teach, supervise and evaluate their practice;
- serve as a role model;
- encourage independence;
- promote a positive self image and confidence;
- facilitate skill development; and
- orientate and socialise students to the workplace and also to nursing culture.

Project plans

The project will be conducted over three Stages.

Stages one & two correspond to the students' engagement in practice in two successive semesters of the academic year.

Stage three will take place in a subsequent third semester and will involve a period of professional development for RN preceptors.

Data from Stages one & two will be subject to an ongoing analysis and a report for each of the Stages will be produced. Data collection and analysis conducted throughout the project will be integrated in Stage three to produce an overall evaluation.

This report addresses the findings of Stage one.

Project time lines

The project commencing in: August 2003 with students' involved in an aged care clinical practicum commencing in September 2003 — see Table 2 below.

Table 2: Project timeline

Task	Sept 03	Sept 03 - Oct 03	Nov 03 – Feb 04	April 04 – May 04	June 04- Aug 04	Sept 04 - Dec 04	Feb 05 – March 05
Stage 1: Phase 1 — Preparation							
Stage 1: Phase 2 — Clinical practicum Semester Two 2003							
Stage 1: Phase 3 — Evaluation, Data analysis & reporting							
Stage 2 Phase 1 & 2 Clinical practicum Semester One 2004							
Stage 2: Phase 3 Evaluation, data analysis & reporting							
Stage 3: Professional Development							
Stage 3: Reporting and Evaluation							

Details of Stage 1

Stage 1: First group of 20 students in practice — 5 months

Stage 1 had three phases.

Phase 1: Preparation — 1 month

To establish the project:

- preceptors recruited in each institution;
- the University of Tasmania ethics requirements met by obtaining consent from all participants (RNs & Students);
- meetings held with involved RN preceptors to outline the students' course content and expectations of the practicum; and
- all participants (students and RNs) will be provided with a copy of the report 'Making Connections in Aged Care: The Report on the Residential Aged Care Preceptor Project' (Robinson, Cubit et al. 2002).

Following this phase, the three preceptor groups (Northwest, North & South) met with the project officer assigned to facilitate the project in their region. At these meetings they:

- considered the findings of the report ‘Making Connections in Aged Care: The Report on the Residential Aged Care Preceptor Project’ (Robinson, Cubit et al. 2002);
- explored their understandings of what it means to act as a preceptor to student nurses;
- elaborated their role and responsibilities as preceptors; and
- developed preliminary strategies to support students in phase 2.

Phase 2: Students clinical practicum — 1 month

- 20 students undertake a three-week clinical practicum in participating aged care institutions;
- the project officer in each region facilitates weekly parallel focussed group discussions with the respective RN preceptors and students, consistent with the project methodology; and
- evaluations completed.

Phase 3: Evaluation, data analysis and reporting — 3 months

- preceptor group evaluate their practice as preceptors; and
- the research team develop first report which addresses the findings of Stage 1.

Stage 1 Output

Report development addressing the Stage 1 project findings.

Recruitment

Student recruitment

Students undertaking the unit *Supportive Care in Hospital & Community Settings* were allocated to clinical placements by the TSoN Clinical Placement Coordinator. Allocations were based on their prior clinical experience (acute or community/aged care) in semester two, and their home location. Students who were allocated to the participating facilities met with two members of the research team. At this meeting the project was explained and consent to participate was obtained. Students were informed that if they chose not to participate, this would have no impact on their progress in the unit. However, all students assigned to the project chose to participate, primarily because they saw the project as providing support structures, which would assist them during their clinical placement. A total of 20 students participated.

Recruitment of preceptors

Each facility was responsible for determining which registered and enrolled nurses would participate in the research project. Following the conduct of a meeting with the participants in each facility, the chief investigator obtained written consent from those registered and enrolled nurses who agreed to participate. In all 30 preceptors were involved.

Preparation of students and preceptors

Student preparation

It is acknowledged that education plays an important role in influencing attitudes of student nurses toward any area of nursing practice, particularly in relation to the emphasis nursing curricula place on 'high-tech' and 'basic' care (Stevens and Crouch 1998; Happell 2002).

Students in the first year of the BN program have a focus on wellness and primary health care. The focus of Supportive Care in year two is on the individual and their family during an illness experience in an acute, community or aged care setting. The students are prepared by specific laboratory sessions on nursing interventions. In the first semester 2003 the 'TSoN made a concerted effort to formally address the importance of 'basic' care in the workshop setting. Students received demonstrations of several aspects of so-called 'basic' care including how to conduct a bed bath, assist a person onto a bed-pan or commode and manual handling. Students were given the opportunity to practice these skills in the nursing labs with their colleagues'. In second semester 2003 a case study approach was adopted where the meaning of the illness to the individual and their significant family members was explored as well as in depth discussion on the pathophysiology, medication management and nursing interventions and documentation.

Students were required to successfully complete the *Medication Management for Nurses* package (University Department of Rural Health 2001) prior to the placement. The TSoN also teaches a theoretical unit *Perspectives on Ageing* which seeks to problematise the field of aged care and looks theoretically at ageism and ageist attitudes. The students involved in the project had all completed this unit. This particular cohort of students had been introduced to holistic care using a person-focused approach to the development of nursing care plans and interventions in the theoretical component of *Supportive Care in Hospital and Community Settings 2*. Students in year two were also introduced to nursing research in the unit *Scientific Perspectives in Nursing*, and supporting studies in *Anatomy & Physiology 1*.

Preparation of the preceptors

Prior to the students' arrival at the facilities, a letter detailing the nursing skills the students hoped to consolidate was sent to each facility four weeks prior to the arrival of the students (see Appendix 1). The intent of this letter was to detail the experiences that the students hoped to achieve and to highlight the fact that the second semester students had progressed and were further advanced in their learning than the previous students in semester one. The students in semester one were novices to the practice setting and had not experienced acute care.

The educators in each facility were provided with a comprehensive information package detailing the students' prior learning, prior practical experience including assessment and specific objectives to be obtained on placement. It was anticipated that this information and the copies provided of the 'Making Connections in Aged Care' report would be disseminated amongst all the facility staff. Further to this, the facilities were invited to nominate a time for all staff, both registered and enrolled nurses, ECAs and general staff, to meet face to face with the unit coordinator. In order to provide additional support to the staff a 'hot-line' phone number was provided to them. This was available 24/7 and was utilised freely by both staff and students.

The RN and EN preceptors worked one-on-one with students and functioned as primary support people whilst the students were in practice to:

- teach, supervise and evaluate their practice;

- serve as a role model;
- encourage independence;
- promote a positive self image and confidence;
- facilitate skill development; and
- orientate and socialise students to the workplace and also to nursing culture.

The Directors of Nursing facilitated the students' entry into the facilities.

Attendance at weekly meetings

Despite the requirement to travel a significant distance to attend meetings, the participation rates were remarkable, especially for preceptors (see tables below). The average attendance rate for preceptors was 85% which is impressive and demonstrates the high level of commitment to the project from both the facilities and participants. The facilities generally provided transport for the preceptors to attend meetings and on numerous occasions they arranged other staff to cover absences associated with the project.

Preceptor attendance

There were ten preceptors involved in the research meetings in each region (see Table 3 below).

At each meeting in the North there was at least one preceptor absent. On most occasions two preceptors were absent, and on one occasion 4 preceptors did not attend. Apologies were received from those who were not attending.

On one occasion all preceptors attended the meetings in the NW. On the majority of occasions (3 meetings) 9 preceptors attended and on one week only 8 attended. Apologies were received from the absent preceptors, one due to night duty and the other was due to conference attendance. One preceptor sent apologies in the last week, who had also been on night duty. One member attended each week on her day off. On another occasion a different preceptor had also attended on her day off, and one had come to work early to participate in the meeting before her shift.

Table 3: Preceptor attendance by region

Week	Number of Attendees by Region			Average attendance rate by week
	<i>North</i>	<i>North West</i>	<i>South</i>	
1	8	9	8	83%
2	8	9	7	80%
3	9	10	9	93%
4	6	8	10	80%
5	8	9	9	87%
<i>Average attendance rate by region</i>	78%	90%	86%	85%

Apologies were received each week from those who could not attend the meetings in the South. In the fourth and fifth weeks 3 and 2 preceptors respectively attended on their days off.

Student attendance

There were a total of 20 students; 6 in the Northern region, 7 in the North West; and 7 in the South (Table 4). The average attendance rate across all regions was high, especially in the North West where 100% of students attended all meetings.

Table 4: Student attendance by region

Week	Number of Attendees by Region			Average attendance rate by week
	<i>North</i>	<i>North West</i>	<i>South</i>	
1	6	7	4	86%
2	4	7	7	89%
3	5	7	7	94%
<i>Average attendance rate by region</i>	83%	100%	86%	90%

All students from the North attended the first meeting, but 2 were absent from the second and one from the third meeting.

All NW students attended all meetings.

Three students were absent from the first meeting in the South, but they all attended the last two meetings.

5. Background Data

Facility information

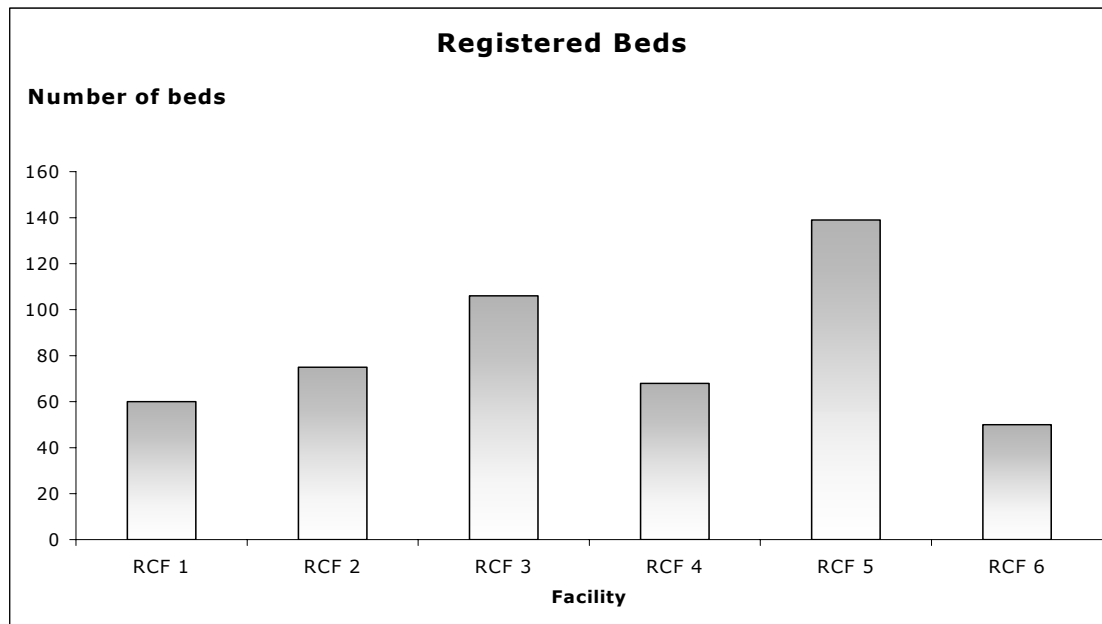
The residential care facilities involved in the project provided information regarding their size. As can be seen from Table 5 the facilities range in size from reasonably large to quite small.

Table 5: Number of residents beds by RCF

RCF Number	Number of Beds
RCF 1	60
RCF 2	75
RCF 3	106
RCF 4	68
RCF 5	139
RCF 6	50

By combining the number of high and low care beds registered for each facility the relative sizes of the facilities can be compared (see Figure 4).

Figure 4: Number of resident beds by RCF



Staffing profile for each participating facility

Table 5: Staffing profile by facility (December 2003)

Location	RN full time	RN part time	EN full time	EN part time	ECA full time	ECA part time/casual
RCF 1	2	13	-	3	3	26
RCF 2	2	18	4	4	-	53
RCF 3	3	18	1	6	-	39
RCF 4	2	13	1	8	-	30
RCF 5	1	15	2	18	-	99
RCF 6	1	10	-	8	-	35

The staffing profiles highlight how RCFs have a significantly higher proportion of part-time staff, and notably very few full time registered nurses and enrolled nurses.

Student demographics & expectations

Figure 5 below shows the age distribution of the student cohort in Stage one. It shows that this group of students was young with 60% of students in the 18-25 year group. As 12 of the 20 students were in the 18-25 age bracket it would appear that this was a younger cohort of students than that in the 'Making Connections' project.

Two of the 20 students were male.

Figure 5: Student nurse ages

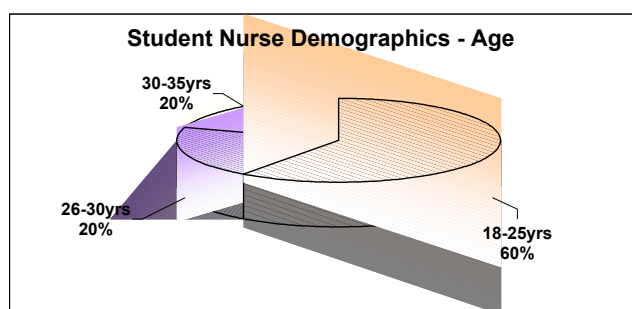


Figure 6 depicts the students' experience of work in an aged care facility. This shows that more than half of the students had previously or currently worked in aged care with 91% of this group having worked as ECAs. However, Figure 7 shows that most of these students had only limited experience (mostly less than 1 year) in this role.

Figure 6: Previous aged care experience

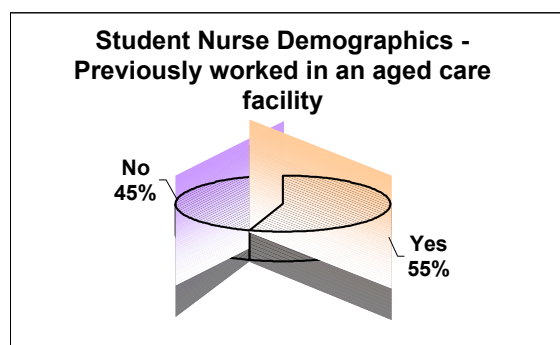
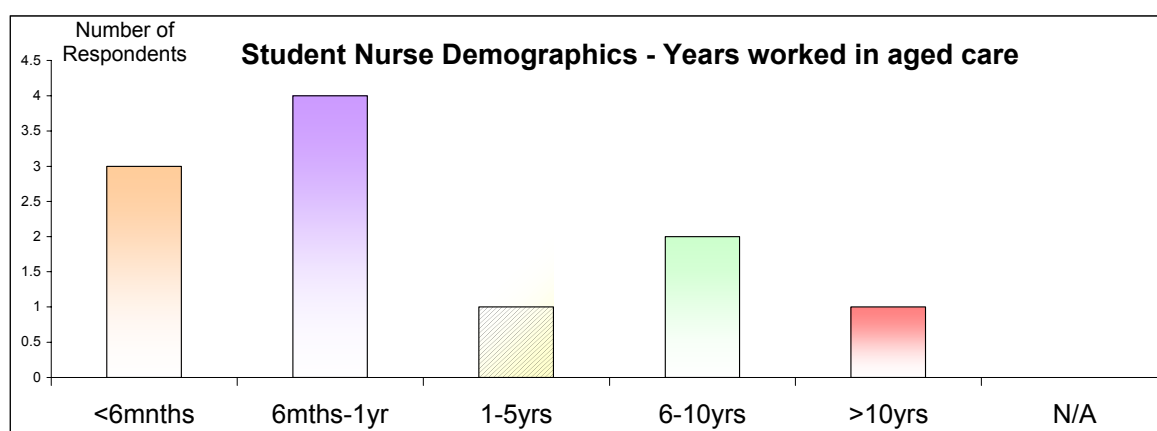
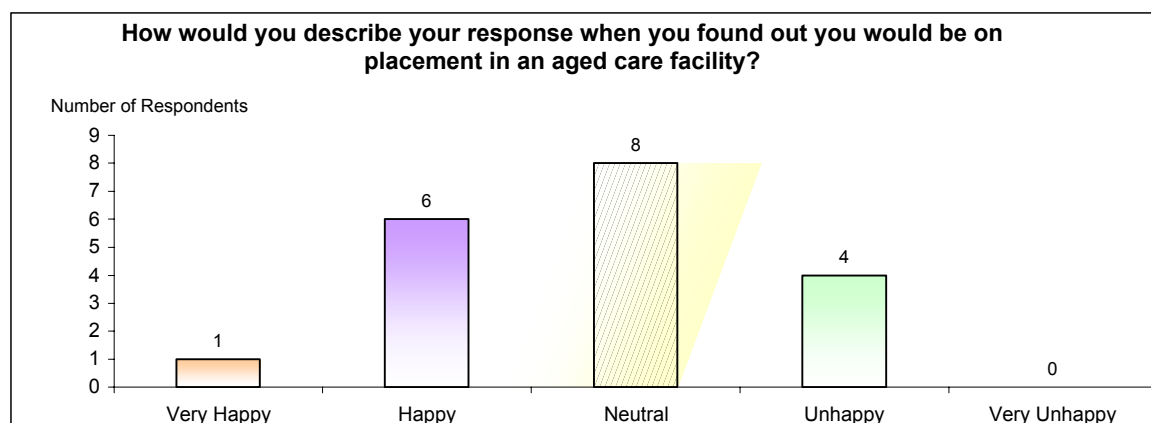


Figure 7: Years worked in aged care



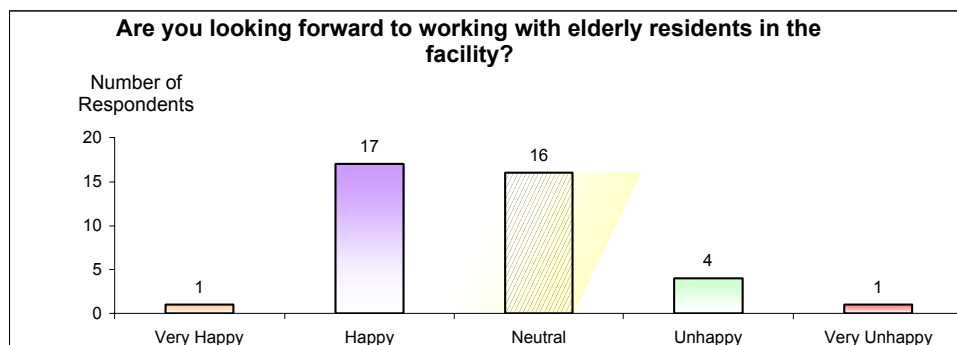
The students' response to being informed that they would be on placement in aged care is outlined in Figure 8 below. It is evident from the graph that majority of students were happy or neutral in their response to this news.

Figure 8: Response to being informed of the placement



Student expectations of working with elderly residents are documented in Figure 9 (below). It can be seen from this graph that most students were either happy or had neutral feelings about their expectations or working with the residents.

Figure 9: Attitude towards working with elderly residents



Preceptor demographics

Figure 10 shows that more than half of the preceptors were aged 45 years or older which is a middle-aged group comprising only female participants. This is consistent with statistics from the ANF that state the average age of nurses working in aged care is 47.0 years (Illiffe 2003).

Figure 10: Preceptor ages

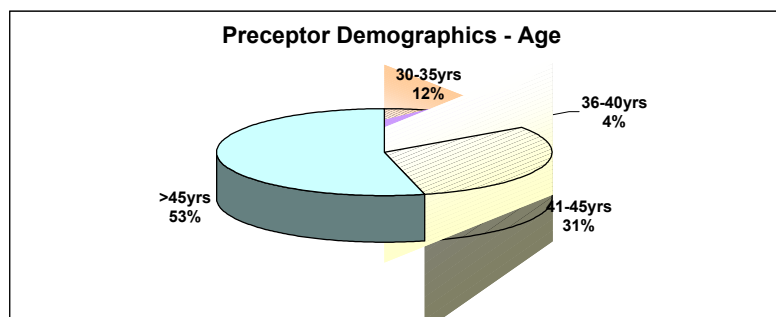


Figure 11 demonstrates that nearly 70% of preceptors involved in the project were employed as RNs.

Figure 11: Preceptor roles

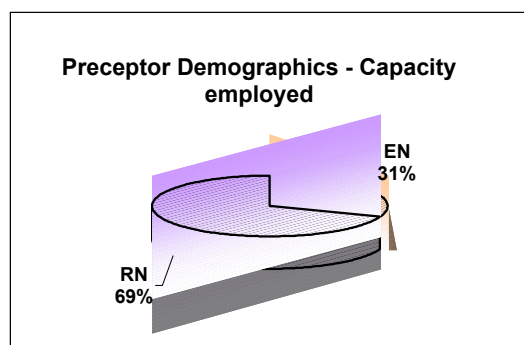


Figure 12 (below) illustrates that the majority of preceptors had significant experience in the sector.

Figure 12: Number of year preceptors have worked in aged care

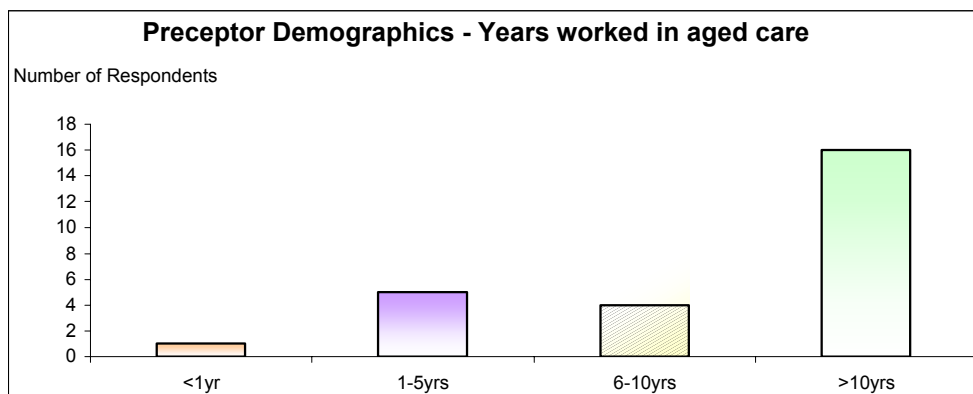
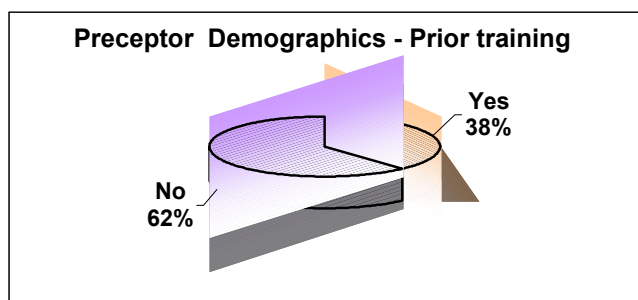


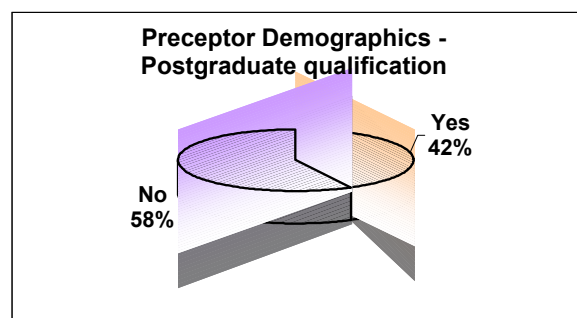
Figure 13 (below) highlights that nearly two thirds of the preceptors had not undertaken any recognised preceptor training courses prior to the commencement of this project.

Figure 13: Prior training



However, an interesting finding was that 58% of the preceptors hold some form of post-graduate qualification (Fig. 14 below). This indicates that they are a highly educated and experienced (Fig. 15) group of women.

Figure 14: Postgraduate qualifications



From Table 7 (below) it can be seen that 38% of ENs and 44% of RNs indicated that had a post-graduate qualification. The most frequently observed qualification was midwifery

(Table 8) and other qualifications included palliative care, endoscopy and unit 1 of an aged care post-graduate certificate.

Figure 15: Years experience as a RN, EN or ECA

Years experience as a RN/EN/ECA		
1-5yrs	6-10yrs	>10yrs
3	1	22
12%	4%	85%

Table 7: Frequency of post-registration qualifications by role

Role	Total Respondents	Number with a post-registration qualification	Percent with a post-registration qualification
ENs	8	3	38%
RNs	18	8	44%

Table 8: Frequency of post-registration qualification types

Qualification type	Number of respondents with this qualification
Midwifery	3
Palliative care	1
Aged Care Post-Graduate Certificate Unit 1	1
Medication endorsement	1
Endoscopy	1
Certificate 4 – work place training	1
Theatre certificate	1
Workplace assessor	1
Bachelor of Nursing	1

6. The Professional Context

The findings of this project are presented in three chapters. The first chapter addresses the professional context in which teaching and learning takes place – that is the residential aged care facilities.

The context in which students engage in practice in aged care has a significant impact on the nature of their experiences. The data presented in this chapter provides an analysis of the accounts shared by both students and preceptors in the Stage one research meetings. The students' accounts are of interest because they provide insights into their perceptions of aged care, how they make sense of different issues arising out of the practicum and how their perception of these issues can change over time. This is important because the 'Making Connections' project identified that if students have a positive experience in aged care this can have a significant impact on their intentions regarding future employment in the sector. As such, the intent of this chapter is not only to identify issues within the context of residential aged care facilities that impact on teaching and learning, but also to provide insight into students' perceptions of working in aged care.

Preceptors' attitudes toward aged care

Perceptions of aged care nursing

As in the 'Making Connections' project, the preceptors involved in this project were acutely aware of the negative images associated with working as a nurse in aged care. One nurse offered the following comment:

... in the newspapers anything that comes up is, you know, turps baths – kerosene baths with the elderly or this nursing home burnt down, or they lock them [the residents] up, it's all negative.

Furthermore, all the preceptors were acutely aware that the view of aged care nursing as 'very specialised' was not widely held. One participant suggested that 'people think that you're not a real nurse' and that 'if you work in aged care you are just a low level nurse'. Indeed, one preceptor reported that 'someone said to me one day 'When are you going to go back and do real nursing?''

Comments made by a number of preceptors suggested that their acute care colleagues were patronising. One preceptor noted that it had been suggested that aged care nurses take their knitting to work to overcome the endless boredom. Others reported accounts where acute care nurses questioned their ability to provide care following discharge from hospital. One preceptor recounted 'I think some times the hospital staff think we have no knowledge what so ever.' In part this was associated with the hidden aspects of care provision in aged care. Another preceptor argued 'it often doesn't come across how much we are using our assessment skills and our knowledge' because as one participant noted, compared to an acute hospital 'there's not that [obvious] action as you walk in the door', which leads to a perception that aged care is 'dreary'.

Given these perceptions, the preceptors were very aware of the implications for recruiting new and younger nurses into the sector. It was generally acknowledged that it 'doesn't help attract the younger people... into that sort of situation.' Indeed, a number of preceptors expressed concerns that the students would hold similar stereotypical attitudes to aged care nursing. Previous experience with students in the first semester reinforced this view, as one participant recounted, 'I think they think that people sit in bed all day. I just don't think they comprehend that it is all so involved.'

Despite negative perceptions of aged care nursing many of the participating RN/EN preceptors spoke with pride about their role in aged care which is consistent with the nurses involved in the 'Making Connections' project. Some spoke of the positive aspects of working in the aged care sector and in particular they commented on how the nature of aged care nursing allowed them to develop long term relationships with residents, which is unique to working in the sector. The students also recognised this aspect, with some commenting that the environment of the residential aged care facility '*felt different*', or as one student suggested '*like someone's home*'. Similarly, they recognised the length of stay of residents gave staff the opportunity to build relationships with them. As one student noted:

... because all the residents live here ... you are not getting the change over of patients like in acute and it is easy to focus on a person because you get to know them so well.

Similarly, one preceptor noted that the residents '*become sort of a part of your life*, while another commented '*we become so attached to people and that is stressful when people die.*'

A number of preceptors argued at length that in the context of a growing level of acuity among residents, their work had equivalence to that the work performed by nurses working in acute hospitals. Indeed, a number argued that '*nursing homes are like an acute medical ward*'. Preceptors in one group asserted that in some respects nursing in an aged care facility actually required a higher skill base, also '*it's a different branch of nursing and very specialised*' because as one preceptor commented, '*...we don't have doctors so we have got to use our clinical skills a lot more than nurses in the acute sector*'.

However, such comments were in contrast to those reported by some of the students. Their perception was that the some staff members in the facilities held negative stereotypes of aged care. For example, a student reported on a comment made by an RN in one facility. She said:

One of them said that she does a day a fortnight at a hospital to keep her skills up... [she said she] was getting really rusty so she decided to do a bit of something else. A lot of them have said stuff like that.

Other students reported similar conversations. One told her group members that a nurse she had worked with had said, '*God, I can't believe you're here for three weeks, what are they going to do with you for three weeks*', while another reported:

...a nurse came up to me and said about the three weeks thing, 'there is nothing new we can show you in the third week so, you know, what do you want to do?' And [a nurse] said to me today, 'what do you want to do? I can't show you anything else' ...maybe three weeks was a bit too long.

Some students reported that their impression was that aged care nursing did not involve the provision of high-level technical care. For example, one student reported that:

The RNs here were telling me that they don't even do syringe drivers here any more. That other people come in and do them. Set them up.

Similar sentiments were leaked through some of the preceptors' research discussions. For example, one preceptor spoke of how she thought the students would be '*bored if they have had their acute placement [first]*'. She continued to say '*I think it is a pity that they can't have their aged care placement first and learn the basic duties*'.

The part time nature of the aged care workforce also drew comment from students, particularly with respect to the way some staff perceived their commitment to working in the sector and developing their role and function. For example one student reported '*they just come here at the end of their career...it suits their lifestyle at the time*' while another student argued that the existence of such attitudes was '*not encouraging really for people that are coming out of nursing*'. However, another student suggested that the high level of part-time employment meant that '*if I ever have children I will probably think about aged care*'.

These comments, along with reports from the students, suggest that despite many nurses in the sector holding their work in high regard others struggle to value their work in the sector. These nurses are not immune from conceptualising their work with elderly people in ways that conform to dominant stereotypes. Inevitably, the implication is that students receive mixed messages about the value of working in aged care.

Hierarchy in aged care

In aged care the provision of care to residents involves RNs, ENs and ECA's. There is considerable discussion in the literature about 'the nursing team', and indeed, one preceptor argued that being a nurse in aged care was very much *'based around the team'*. Similarly, another preceptor recounted:

... we were just talking about team work and that sort of thing and how important I felt the carers were to the RN's and that we all worked as a team for the residents benefits. How we valued each other.

Perceptions of the RN role in aged care

In the research meetings the students shared interesting perceptions on the nature of the aged care nursing team and specifically how it was shaped by the delineation of a hierarchy of tasks. During the first week of their experience the students clearly recognised the distinction between the roles of the registered nurse (RN), enrolled nurse (EN) and carer (ECA). They aligned this with the division in terms of a hierarchy between the provision of *'basic care'* and what one termed the *'high stuff'*, otherwise known as *'technical care'* *'like drugs and dressings and ... assessments and things like that.'* One student conceptualised the nursing home hierarchy in the following terms

The RN's here, ... they are the boss of the ward basically. They do all the really high stuff. And the EN's and the ECA's do everything else.

The students were surprised at the RN's relative lack of engagement in the provision of basic care and how this appeared to fragment the process of care delivery. For example, one student noted that *'the RNs aren't as attached to people because they don't know the person as well ... they don't get as close'*. They also commented that this situation was different to the acute care context where *'You do the showering, you do everything for them.'* In contrast the students expressed surprise that in aged care *'the RN's don't do the showering, that's what the ECA's do.'* Furthermore, one student commented that:

... it's heaps different to what I thought it was going to be like I thought it was going to be more ECA's work ...I thought that would be part of the RN role to go in and do that.

The fragmentation in the provision of care to residents was an issue raised by the students. In their second week one group of students expressed a desire to take a patient load which was communicated to the preceptors via the research feedback loop. However, they soon recognised that this was not possible because the care of residents was broken down into a series of tasks allocated to more than one person. As one student argued, providing holistic patient care *'just didn't seem to fit into the normal pattern'*, while another confided, *'it doesn't suit our routine at all. That's just how it's run, it's different to hospitals'*. Such comments are similar to those made by students in the 'Making Connections' project where it was found that:

... students struggled to make sense of the organisation of care within the setting. In the context of being educated to support a holistic approach to nursing practice, they found the division of labour (activities, tasks)

between RNs and ECAs perplexing (Robinson, Cubit, Francis, Bull, Crack and Webber 2002:3).

Nevertheless, other students expressed surprise at the breadth of the RNs responsibilities, which ranged *'from medication and dressings to organising who cleans the fish tank'*. They perceived the role of an RN to be responsible for the supervision of ENs, ECAs and an enormous number of residents. In regard to dealing with a high number of residents, one student said *'that can be scary'*. Similarly, another student commented:

We have one RN for 75 people [residents] and you might have an EN but technically at the end of the day that RN is responsible for the whole 75... that's a huge responsibility ... [it's] kind of scary ...

These comments made by the students indicate that they were somewhat overwhelmed at the prospect of being responsible for so many residents on a shift.

By week two of the practicum, the students perceived the registered nurses to be more involved in administrative duties than hands on care of the residents. Their role was described as being *'very distinct'* from the role of an ECA who is responsible for most of the resident-care. When asked if they thought the scope of practice was actually smaller for the RNs in aged care, one student stated that *'they [RNs] all see it as being smaller'*. The students were also surprised at the amount of time that the RNs spent administering medications and for some students this was a negative aspect of aged care nursing. As one student commented:

For me, for me it would be something that doesn't like appeal to me, spending all day just doing medications ... a few hours in the morning and then you go and do your wounds as well and then come back to medications at lunch time ... so that's pretty much a whole day then your paperwork and then home.

The students observed that the impost of documentation in aged care was far greater than documentation requirements in acute care which is consistent with the literature. Interestingly they also made the link between the volume of paper work and funding. One student noted:

The more paper work they have, the better it is for documentation, for use during accreditation. It's all money – accreditation.

Another reported:

Yes, that is what one of the RNs said to me. That they have got to [do the documentation], with the care plans and things. If they don't document it, they don't get paid for it basically.

By the last week of their placement the students seemed to have developed a critique of the role of a RN in aged care especially given the scope of their responsibility for residents. As one student recounted:

The thing is in aged care you are dealing with a specific age group of people... [and] you just doing everything for them. You're their interpreter, you're their friend, you're their counsellor, you're their nurse. You are their everything.

While documentation was clearly the focus of considerable interest, the students perceived that other areas of practice did not appear to warrant similar attention. When comparing the differences between acute and aged care in relation to hygiene care, the impression of the students was that nurses in aged care were less concerned with standard precautions. For example, one student reported that she had only seen one nurse *'wash her hands and wear gloves'* while another recounted that *'one of the nurses didn't wash between people.'* When

one student queried such behaviour she reported that she was told, *'My one said there were no nosocomial infections to worry about'*.

Some students felt that the facilities themselves were not arranged to promote what they considered to be proper hygiene practices. As one student noted *'[if] I have to go look for a tap, and gloves, and I feel like I am holding them up'*. Other shared concerns about what they perceived to be poor blood precautions and nurses taking shortcuts with the administration of medications. Some students commented on how staff sometimes crushed many medications together using a mortar and pestle. Their concern was that this implement was not washed after each use. Additionally a number of these students expressed concerns around being involved in the administration of medications. In particular they had a real sense that this would impact on the RNs time. As one student said, *'there are just so many residents... [the RNs] just want to get through their day as well... [and] you feel like you hold them up'*. Students in one group also expressed concerns about the way residents were identified with one reporting that *'they're so used to giving out their medications, they don't even look... they don't check'*. While the residents had photo identification on their drug charts, students found identifying the resident from the photograph problematic. As one student noted, *'the photo's didn't even look like them'*. Following feedback from the students the preceptors in this research group updated the photo's of residents on the medications charts.

Another concern identified by students was relating the resident's diagnosis to the medications prescribed. Students in the above group experienced difficulty in linking the resident's diagnosis to the medication prescribed during the drug round because the information they required was located on the care plan at the nurses' station. In response to feedback from students, their preceptors discussed ways they might assist the students in identifying the residents and to make the link between their condition and medications prescribed. Staff from one RCF in this group informed their colleagues from the other facility that they had a tool, which listed the residents name and their condition. They suggested that this was used by students to make the connection between the resident's condition and management regime. Staff from the pair RCF involved in this group, then adopted this tool for use with students in their facility with good effect.

Students as an impetus to improve practice

The 'Making Connections' project, revealed that the presence of students in the facilities promotes professional development and is an impetus for nurses to critically reflect on their own practice. Preceptors involved in this project made similar comments. One group member commented *'It has been good in the fact that you have got to check what you are doing all the time'*, while another suggested that when asked questions by students *'we have to like, jog our memory because after a while you forget the details'*. Indeed, some preceptors reported that a result of having the students was that they were able to keep their own practice current. One preceptor commented that *'It is like doing a refresher all the time'*.

Students perceived that their presence in the facilities could heighten the RNs awareness of their practices. For example one student argued, *'They are about to do something then they look and realise we are watching and they better do it properly.'* This was not always the case however. As alluded to above, at times students also observed practices that ran counter to what they had been taught at university. This was an issue that preceptors were also aware of. A number of the preceptors expressed concern that they were not teaching the students *'the right things'*. On occasion they appeared to lack confidence as one reported:

Sometimes I think, because I have been out of the acute setting and from when I trained, I wonder 'am I doing this the right way?' Some times you get a bit worried about that.

This sense of insecurity was further emphasised by another preceptor who stated *'maybe we are not teaching them the same things as uni?'* Such comments support the findings of the

‘Making Connections’ project (Robinson et al. 2002) which reported that age care nurses feel ill-equipped to act as preceptors to undergraduate nursing students.

One group also identified the potential for professional development amongst ECAs through their exposure to students. For example, one participant argued that the experience of working with students ‘boosts their [ECAs sense of] self worth’ and that ‘they become more accountable for their care and they’re checking themselves’. The comments made by students and preceptors suggest that having students on placement in aged care facilities does indeed promote better practice within the facilities and acts as a stimulus to ongoing professional development.

Interestingly, even after only three shifts, some preceptors reported that they had notice that students’ practices during the conduct of procedures differed from what they had been taught. One preceptor commented that:

One of the things I find difficult is you go to teach them something and it is different to when it was in your day. (general laughter)...We might need a bit of a refresher course.

Another preceptor had a different opinion. When referring to the students’ comments on learning procedures she said:

There are lot’s of things too that we can do, or we did, that students don’t do now. They say ‘Oh, ...’ ‘You’re not allowed to do that are you, nurses are not allowed to do that?’

Issues in accessing opportunities for practice

The role of ECAs

As outlined above, within the context of residential aged care ECAs have a key role in the provision of care to residents. Given the division of labour in aged care, it was expected that students would spend some time working with ECAs under the supervision of an RN. The ‘Making Connections’ project (Robinson et al. 2002) demonstrated that students did spend time in practice working with ECAs due partly to an expectation that they would develop the capacity to provide what is commonly referred to as basic nursing care. Indeed, it is estimated that students work with ECAs for approximately 20% of their time in practice (see Appendix 2).

Prior to the students’ arrival some of the preceptor groups discussed the implications of students working with ECAs. The members of one research group held some concerns that the ECAs might be less than enthusiastic at the prospect of working with students. Drawing on her experience in the prior practicum one preceptor argued:

I think ECAs are a bit resentful of the students, because they want to get their work done. They’re there to do their work as quick as possible and then go. They want to get their money. They are not into it [precepting]. So they are resentful about the intrusion by the students.

Such attitudes led the members of this group to conclude that it was important to assess whether a particular ECA would be appropriate to work with a student. Similarly, they argued it was important for preceptors to ‘get them motivated and enthusiastic’. One preceptor described how she promoted this:

Individually, I just spoke to five ECAs who were on the morning shift and said to them that I thought they were a valuable part in this [teaching students] because they had many skills and would they like to assist in the process. They were really happy to do that. Then I talked to them as a group and I went and

took out the hygiene chart and I said, 'we know what all these points are, and these points might need to be elaborated such as shower, toenails and skin folds so that...[the student] understands how things are done here.

Other preceptors suggested that having ECAs work with students might break down the hierarchical barriers within the institution and that they might feel less threatened because it would acknowledge that they had something to teach students. It was argued that working with ECAs would give students a good insight into the important role ECAs play in aged care.

Views of nursing education

In general the students reported that they were well supported by their preceptors especially those involved in the research project. This finding is evident in their comments made in the research evaluation documented in section 8 (see Evaluation of preceptors p.65). However, on occasion students encountered nurses who were less than supportive and did not appear to have a good understanding of their situation. One student commented that most of the RNs in aged care are not university educated and she wondered if this made a difference to their attitude. She said:

... in terms of the difference between aged care and acute is that it seems to me that the majority of RNs [Registered Nurses] in aged care have gone through hospital training whereas in my acute placement there were a lot more nurses who had done the Uni training and they tend to be more sympathetic in terms of helping you make the most of your time because they realise that you don't get a great deal of prac time; whereas I think a lot of the nurses who [were trained] in a hospital based system aren't really aware that so much of what we do is just theory based and this is our little brief opportunity to put it all into practice.

Among the participants of one research group there was certainly a negative view of university educated students.² Preceptors in this group spent some time discussing the perceived benefits of hospital training, because students were exposed to the realities of nursing much earlier. They held particular concerns that on arrival at the facilities students were poorly acclimatised to nursing and hadn't learnt, as one preceptor suggested, 'how to cope, to talk to people... how to approach someone... how to ask for something.' Another preceptor commented:

When we were training, us oldies, we saw that in action. We saw the Sister doing those kinds of things, delegating, we saw the senior nurse. We saw what she was doing. So we kind of knew what our role was going to be next year - because we had seen her do it for a year. When you are the senior nurse you are watching what the Sister is doing 'I am going to have to do that next year.' You know. But these guys have got no idea.

These nurses also held concerns that the students from the university might not have a 'grip of basic nursing care'. One preceptor expressed surprise that 'one of our students has got this far without having done a sponge - a bed bath', while another reported that a student 'didn't even know how to change a draw sheet with the resident in the bed'. They felt that the university was doing the students a dis-service by only allocating one three-week practicum at a time.

I really feel for them because three weeks in their second year, it is really sad that they are not hospital trained. You know the hands on that they would have

² This issue did not arise in the other two research groups. Indeed, the participants of these groups were very supportive of university education.

got would have been much nicer for them rather than trying to squeeze everything into three weeks. It is really cruel I think.

These comments suggest that some staff in aged care facilities are yet to value the tertiary education of students, which has both benefits and compromises. This is concerning because students quickly pick up on such attitudes and it is reasonable to assume that this may undermine their interest in working in aged care in the future.

Issues with communication within aged care facilities

The preceptor program was largely dependant on effective communication within the facilities. Effective communication was critical to the successful dissemination of weekly research case notes to all the research participants (outlined in the methodology chapter). Additionally, preceptors needed to know what prior learning the students had, the nature of their course, and what was expected of them in the context of the learning environment. Similarly, students need to know what was expected of them, the shifts they would work, the way care was organised and delivered; the role of the various employees; and the process employed during orientation. However, communication problems were encountered within the facilities between all parties and in all modes.

Staff knowledge of the students' learning needs and capacity

As outlined previously, to facilitate the smooth arrival of the students into the RCFs the TSoN initially made contact and provided written information to each facility on several occasions. This included:

- An initial phone call to secure verbal agreement to take students;
- An initial contact from the research team to discuss the project ('Making Connections' report distributed);
- A follow up meeting with research team (written consent of participants obtained and project explained);
- A letter from the students' unit coordinator, including a copy of the unit outline, and details of 24 hour telephone hotline available during the practicum to support students and preceptors sent to the DON of each facility;
- A phone call from the unit coordinator offering to arrange extra information session; and
- A visit by a unit coordinator to sites at their request to meet with staff and discuss students in week 1 of the students' practicum.

In order to inform staff of the TSoN expectations of the practicum, the students' unit coordinator held meetings at four of the facilities. These facilities requested the meetings to discuss issues and to provide answers to questions from staff.³ However, it was evident that not all staff were able to attend these sessions and that it was logistically impossible for the TSoN to return to each facility on multiple occasions. Therefore, not all staff had the benefit of the opportunity to discuss the students and associated expectations with the unit coordinator.

On commencement of the project the research team assumed that the preceptors would be familiar with the students' program. This assumption was based on the fact that a previous group of second year students had been involved in a three week clinical practicum in each

³ The remaining two facilities indicated that a second information session was unnecessary as they believed their staff were sufficiently informed as a result of having the students during semester one.

facility in the first semester of 2003 and that all facilities had engaged in information sharing activities with TSoN staff in the previous semester. However, it became evident in the second week that this assumption was erroneous because students began to query whether their preceptors and other staff had been informed about what was expected. For example, some students expressed the view that staff were unsure as to what care they could be involved in or what they had done at university, with one commenting *'I don't really think they knew what to do with me'*. A particular concern of the students was that although they had been taught skills in the unit Supportive Care it appeared that they would not be given the opportunity to use them in the context of the practicum. One student recounted that she had:

... asked if there were many injections to do. She [the preceptor] said they 'don't do many... and you have to practice on an orange first'. I said 'we've all done them [injections]... They wouldn't let me do an insulin pen injection. And with a tiny dressing that was like applying a band-aid they said 'I'll do this one, you can perhaps do it next time'.

The apparent lack of understanding of their needs made some students feel despondent, while others felt that they had been 'reduced' to undertaking what they perceived to be menial tasks with the ECAs. As one reported:

We are like moping bathroom floors and making beds I think that is a bit rude to expect us to be an extra pair of hand for three weeks.

The provision of an appropriate orientation was another concern of the students'. While some students received well-planned orientations, others commented that they believed the facility staff to be unaware of their arrival⁴. Some students were critical of the TSoN for not ensuring that staff knew what to do. One student described the situation in the following terms:

Obviously no one had sat down and thought OK they're here for three weeks – here are their objectives. What would we like them to achieve? An hour of conversation from the Director of Nursing and the RNs who are going to precept would go a long way.

However, following feedback regarding the concerns of the student groups it became apparent in the second week of the practicum that many of the preceptors had not received the information about the students originally supplied by the University. Furthermore, there was some confusion regarding exactly what this information was and whether the information had been sent at all. For example, a number of staff members commented that they had received no information on how to assess the students. When they were shown the student assessment form some staff commented that *'I haven't seen this form before.'* Indeed, the majority of this preceptor group had not seen the Supervisor Survey form either (see Appendix 3). These comments highlighted the problem of disseminating information from DONs to preceptors in some facilities. Following the identification of this issue the preceptors took action to obtain the relevant information.

These findings also indicate that the information sessions held between the unit coordinator and staff had not been effective in informing the staff of the students' needs/requirements etc. For example, the preceptors suggested that the first couple of weeks would have been easier had they been aware of what the students had covered at the university. As one preceptor noted, *'That would be handy. To say someone is second year doesn't give me a lot of input.'* However, other preceptors later remembered that they had been given the letter from the unit co-ordinator outlining *'the basics of what they had done.'* Another indicated that despite getting a letter *'you read it but you don't probably absorb exactly how much they have learnt, and what systems they have covered'* (see letter Appendix 1).

⁴ This issue will be discussed in some detail in Section 7 – Preceptorship issues

The project evaluation also provided interesting insight into the communication issues experienced within the aged care facilities. For example, a survey of preceptors (Appendix 3) found that 46% (N=7) of those who responded had not read the students unit outline, further reinforcing that the preceptors did not have access to this information. However, other data collected indicated that of those who responded to the survey did have a reasonable understanding of the students' history in practice and how to contact the school of nursing in the case of an emergency. The data indicated that:

- 100% knew the students were in the second year of their course;
- 100% knew that the students previous placement was in acute care;
- 30% were aware of the mobile number for contacting the TSoN in the event of an emergency; and
- 30% did not know that this was the students' second clinical placement.

Given the extent of the communication issues identified in the second week of the students' practicum, the members of one research group resolved to:

- investigate where the information regarding students had been sent, who sent it and why have the preceptors not received it (Unit Outline, information sheet, student profiles and a letter); and
- to allocate a team leader in each facility who would take responsibility for the dissemination of information regarding students to other preceptors in the group.

The group hoped that implementing this strategy would provide identified preceptors (team leaders) in each facility who would then take responsibility for disseminating information provided by the university to staff. It was agreed that the preceptors would negotiate this arrangement with their respective DONs.

Issues with the dissemination of information to other staff

Not surprisingly, the study findings also revealed problems with the dissemination of information to other staff members in the facilities, due partly to the limitations associated with shift work. For example, despite the best efforts of their preceptors, the students sometimes worked with staff who knew little about them. One preceptor explained how her efforts came undone when trying to prepare ECAs to work with students. She recounted:

... on Sunday I spoke with the carers and I asked them if they'd be here on Monday, so I explained to them who was coming, what level they were at, what they were allowed to do. And that was fine so the carers were aware of what the students could and couldn't do... However when Monday came, because the shift had changed over, a couple of new people had come in and they hadn't heard the information that I'd already given to these other carers...

This kind of situation was problematic because as the students reported, the ECAs often appeared unsure of how to include students in activities.⁵ One student recounted:

When I am with carers and they don't know what we are allowed to do so I am just standing there all the time. Just watching. When I say 'can I do it' it is like 'No, no. Don't you do it, we will do it'.

In general the preceptors recognised it was extremely difficult to tell everyone on a shift exactly what was expected of them in mentoring the students. In light of this issue, one group agreed that to organise meetings with the carers to make them more aware of and sensitive to the students' needs prior to Stage two of the project. They also felt that the information sessions provided by TSoN staff should be a part of the preparation process.

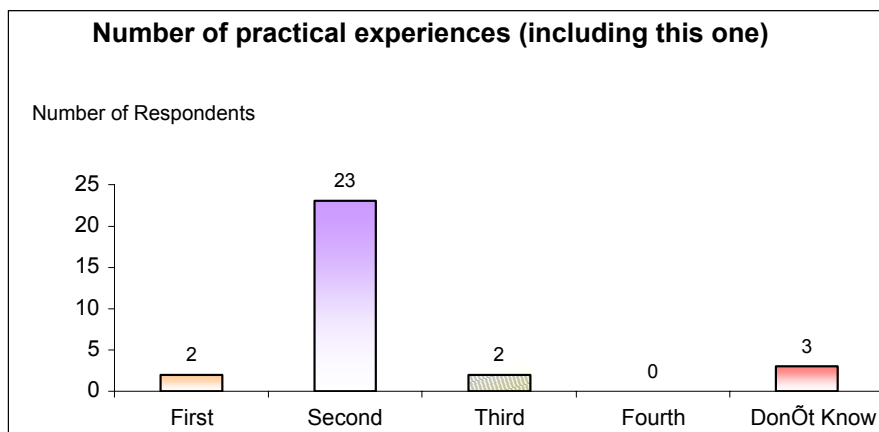
⁵ This issue will be discussed in greater detail in the next chapter.

Analysis of the survey distributed by the supervising preceptors to other staff within the facilities who worked with students (Appendix 4) indicated that some had a limited understanding of student needs and limited access to information. A total of 32 staff were not directly involved with the research groups but they did work with students. Of those who completed the survey:

- 42% (N=13) were RNs;
- 29% (N=9) were ENs; and
- 29% (N=9) were ECAs.

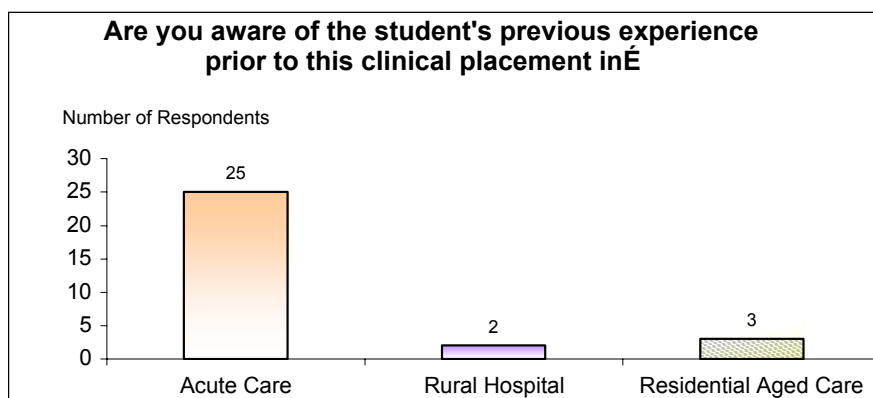
While 97% (N=31) of the 32 respondents recognised that the student were in the second year of their course nearly 25% (N= 8) did not realise that this was the students second practical experience (see Figure 16 below).

Figure 16: The number of practical experiences undertaken by students



Nearly 20% (N= 5) did not recognise that the students prior clinical placement had been in acute care (see Fig. 17 below).

Figure 17: Preceptor knowledge of previous student clinical placements



Of significance, 75% (N=24) of those staff who completed the survey had not read the students course unit outline and over 70% were not aware of the mobile number for contacting the TSoN in the event of problems. These findings highlight the need for more comprehensive preparation of staff in the facilities and the need for the development of effective communication strategies in Stage 2 of the project.

IT capacity & community

A key methodological device utilised in the project revolved around the distribution of weekly case notes to the research participants in each facility. The case notes form an integral part of the feedback loop and methodology employed for the 'Building Connections' project. As previously outlined, the intent of the case notes is to provide a first level analysis of the meetings in a format to stimulate critical reflection from the participants. This required that participants read and reflect on the notes from one meeting prior to each subsequent meeting. The value of the case notes is reflected in the participants' response to the project evaluation, presented in Section 8 of this report. The section, 'Value of weekly case notes' (p.82) indicates that in general both students and preceptors found the notes to be valuable because they provoked them to reflect on and reconsider the issues discussed in the research meetings, as well as acting as makers of progress.

As the facilities were located across the state in metropolitan and rural areas, electronic communication via email was deemed to be the most efficient method. This approach had been used with success in the 'Making Connections' project because key project participants had their own email accounts. However, concerns with using this approach were raised by the research participants at one particular facility, none of whom had a private email account.

To solve this issue the facility administrative staff kindly advised the project manager that case notes could be sent to administration where they could be accessed by all staff. Although, the staff assured the project manager that they would not read other peoples' mail, this situation was unacceptable to the research team because of the potential for a breach of confidentiality to occur. In an attempt to overcome this dilemma the DON and second in charge, both of whom had private email access, but who were not directly involved in the research groups, also offered the research participants the use of their email accounts. However, this approach carried the same risks as the solution offered by administration staff where the possibility of a breach of confidentiality would contravene the undertakings given by the research team to the university ethics committee to protect the research participants' confidentiality. In response to these dilemmas, the research team established a web based system for accessing the case notes (described previously in chapter 3).

During the first meeting the preceptor group from each facility was asked to nominate a research participant who would be willing to access the case notes from the web via the ftp "drop-boxes" developed by the university (see Method). This process highlighted that the majority of the staff involved in the project were, as one described herself, 'IT- illiterate'. Eventually volunteers to act as the 'access person' came forward from each facility. The 'access person' was provided with a floppy disc with an internet link designed to facilitate their access to the research website drop boxes from which their case notes could be downloaded. The intent was to give the 'access' person from each facility a demonstration on how to access the notes using the floppy disc. However, while this plan worked well in some facilities and in others we discovered that the facility computers did not have floppy disc drives. Furthermore, at one group the demonstration was cancelled as the power supply was interrupted during the meeting.

To address the problems encountered with using floppy discs, the research team established an access point to the notes via the TSoN's homepage. Information addressing how to use this was provided at the subsequent meeting. The majority of the students and some of the preceptors were able to access the notes from their home computers. However, on many occasions the research group members, including both preceptors and students, experienced significant problems gaining access to the TSoN web site from computers in the facilities. In one group the preceptors could not access the website from their work computers at all. Potential reasons for not gaining access include:

1. Browser configuration
2. Staff not having permission to access the internet

3. Provision of a facility intranet versus internet access

Consequently, on a number of occasions the research participants could not access the case notes from the previous meeting before attending the next meeting.

Given the push from the Commonwealth to use IT as a means to promote professional development within the industry, the difficulties encountered in this project suggest that considerable work needs to be done and facilities need to be adequately upgraded if this process is to have any chance of success. While it is evident that senior staff in the facilities have access to computers and their own email accounts, it is reasonable to suggest that other staff also be allocated individual email accounts and that they should have access to internet-enabled computers in secure locations. Similarly, while senior staff are highly IT-literate, it is also reasonable to suggest that other nursing staff in the facilities should receive in-service training to develop their skills in the use of computers and the internet. This is critical in rural and remote locations where the internet is a key resource for the promotion of professional development.

Professional isolation

The six facilities that participated in this project were located across Tasmania. The paired facilities in each region were approximately a twenty-minute drive from each other. Interestingly, despite the fact that the preceptors from the paired facilities were all living within the respective regions, none had ever met on a professional basis before. Consequently, a key activity of the first research meeting in each group involved a ‘getting to know you’ session.

Meeting together was a new experience for many of the participants in this project. It caused them to consider their relative isolation in aged care, a product of both the funding regime which dictates staffing levels (ie few RNs who virtually never work the same shift in the same area) and the predominantly part-time nature of the workforce. As the member of one group commented *‘I think that sometimes you can be quite isolated in aged care.’* In reality most of the participants in the project often had little contact with each other, as one noted, *‘we don’t all work together... [we’re] sort of a bit like ships in the night.’* There were also limited opportunities to meet in the context of work, as the member of one group noted when she said:

We don’t have very much of an opportunity to get together and discuss anything other than at the monthly staff meeting.

Participation in the research provided an opportunity for the preceptors within individual facilities and across facilities, to meet. Indeed, as stated above, this was the first time any staff from the respective pairs of facilities had come together on a professional basis. Like the participants involved in the ‘Making Connections’ project (Robinson et al. 2002), the preceptors clearly found this to be a very valuable exercise in a number of ways. Firstly, coming together allowed them to *‘compare notes’* on how they organised activities, such as orientation for students, and to adjust their practice in response to the issues discussed in the context of the research meetings. As a member of one group reported *‘That’s the beauty of all this [the research], that we can learn from each other’*. Another described one outcome of the research as the formation of a *‘professional network’*, which enabled her to compare:

...how they [other facilities] do the rostering, the ratio between staff and residents, the in-house servicing, the facilities that are available, because you can interchange between all the different aged care facilities with in-house servicing.

Indeed, the opportunity to meet gave them a chance to engage in discussion around professional issues. This was identified as an important issue as one member suggested:

... I think it is really good to talk to other people and say 'we have got this sort of problem, we are trying this, what do you think?' and someone else says 'we had a similar problem and this worked.' Or 'can we share your idea?' That is what aged care should be about, not having separate facilities but sharing all our knowledge to give the rest of us the best opportunities.

Another preceptor spoke of the benefits associated with meeting with staff not only within the individual facilities but also between the paired facilities. Meeting across facilities broke down the nurses' sense of isolation and gave them an opportunity to informally benchmark their practice against their colleagues. As one preceptor argued:

I think it boosts your confidence if you see that other people are doing similar things to you. Because [often] you are so unsure about whether you are doing the right thing.

Another added that it was *'quite good to review exactly how you do things, if it is current and up to date.'* As previously outlined, given the concerns expressed by the research participants of maintaining currency as professionals within aged care, meeting together facilitated their professional involvement and subsequent development. For example, preceptors in two regions began to cooperate in new ways. When students in one facility used the feedback loop to report problems with identifying residents during drug rounds, the preceptors developed a resident list similar to that used by members of the group in another facility. One preceptor described the benefits of cross-institutional information sharing in the following terms *'If you get stuck, or come across a problem you can say 'hey, how are you getting round this problem?'*

In other areas preceptors agreed to pool their resources to collaborate in cross-institutional professional development activities. Such development activities represent a significant, yet unexpected outcome of the project and demonstrate the benefits of providing aged care nurses with the opportunity to come together to discuss their practice and develop strategies to promote their professional development. The project evaluation, presented in section 8, further confirms the preceptors' appreciation of this opportunity and also highlights similar benefits for students (see Value of the research meeting, p.77).

7. Preceptorship Issues

The previous chapter identified key issues relating to the aged care context as a site for students to undertake clinical practicums. This chapter addresses the issues identified by the students and preceptors with respect to facilitating teaching and learning for undergraduate nursing students in residential aged care.

A key motivation for this project has been to promote the student interest in working in residential aged care facilities following graduation and in subsequent years. The intention is to identify constraints which negatively impact on student nurses' experiences in the sector and to develop, implement and evaluate strategies to address them. Like the sponsors of this project (the Commonwealth government and participating industry partners) the nurses in this research aimed to assist students to have a positive experience in their respective facilities. Like their counterparts involved in the 'Making Connections' project, the members of the three preceptor research groups believed that having students on placement in their facilities provided them with an opportunity to portray aged care in a more positive light and to recruit potential staff. As one preceptor argued, *'If we give a really good impression perhaps they will consider coming to work in aged care.'*

The aim of the three groups was to show the students what aged care was *'really like'*. They expressed a desire to demonstrate to the students that they enjoyed their work, there was a future in aged care and that being a nurse in the sector was an interesting and complex role. Moreover, they were eager to challenge the negative stereotyping associated with aged care nursing and assist students to learn about working in the sector. However, they were also mindful that the students' prior three-week clinical placement had been in an acute care hospital. This highlighted the need to, as one nurse suggested, *'stress that it will be different'* with less emphasis on *'the technical experience'*. Notwithstanding the concerns with the fragmentation of care raised in the previous chapter, the preceptors were concerned that the students developed a *'holistic approach that they need to learn about in relation to this setting'*. It was generally agreed that a key to setting up a positive experience for students was the provision of an effective orientation.

Issues with orientation

As outlined in the previous chapter, the research identified problems with the dissemination of information in some of the aged care facilities. This issue has direct implications for the orientation of students into the facilities and how they were 'set-up' for their experience in aged care.

It is important to acknowledge that most preceptors had not seen the information distributed by the TSoN relating to student prior leaning/learning needs (see the previous chapter for more details).⁶ Additionally, it transpired that the preceptors in most facilities were not involved, or had limited involvement in planning/organising student activities for each placement (ie starting times/rosters/areas they worked in etc). Indeed, despite meeting with the research team some weeks previously to discuss their involvement in the project, the first research meeting (held the week immediately prior to the students' arrival in the facilities) was the first time any of the preceptors had had an opportunity to meet as a group to discuss their involvement in the students' practicum and to consider the issues around effective orientation. As a consequence, they had the opportunity to explore what they saw as key

⁶ However, some weeks prior to the students' arrival in the facilities they were provided with individual copies of the 'Making Connections' report.

issues in the induction of students however, the organisation of the orientation had already been undertaken.

The importance of orientation and making the students feel welcome

Effective orientation is identified as a key activity in facilitating the integration of new staff into health care facilities. ‘The Making Connections’ project (Robinson, Cubit, Francis, Bull, Crack and Webber 2002) demonstrated that making students feel welcome was a critical aspect of a clinical practicum. The project report noted:

Welcoming and making the students feel accepted within the agencies was critical to facilitating teaching and learning and the preceptorship process. Feeling welcome was central to the development of rapport between student and preceptor, which in turn encouraged students to take a proactive role in determining their learning needs (Robinson et al. 2002:3).

Experience with the previous group of students (May 03), combined with their reading of the ‘Making Connections’ report appeared to influence the decision making of the preceptors with respect to the students’ orientation. For example, in the first research meetings the preceptors spoke of the importance of making the students *‘feel welcome and part of the place’*, and of *‘getting them used to the environment’* to ensure they *‘feel comfortable and learn to take note of what is going on’*. In effect the preceptors acknowledged the importance of nurturing students through their experience in the facilities in order to create an environment where they felt supported. As one nurse noted *‘They have got to feel too that we care, and we take an interest in them.’* Another preceptor highlighted the importance of making themselves accessible to the students. She argued this was important in order to:

... open up the ways [so] that they feel they can definitely come to you and ask even the most stupid question because to a lot of them to ask a simple question that to us is so matter of fact might make them feel embarrassed...

Another participant argued it was imperative that the students’ felt welcome and supported throughout the practicum, saying:

I think you have got to also remember not to just do it on the first day. It’s really, really important ... the next day to go round with that big smile [and say] ‘How are you going? How has your morning been? What have you done? Have you enjoyed it? Do you have any problems?’ To really give them that sense of, well that throughout every day they have the opportunity to talk and they have the opportunity to express their feelings... That has got to go on throughout the whole three weeks.

The ‘Making Connections’ project also highlighted the importance of acknowledging that students have varied backgrounds and that preceptors need to develop a good understanding of their past experience (Robinson et al. 2002). In this project the participants also recognised the importance of this. As one preceptor noted:

If they’re mature age students, I’d like to know what brought them into nursing, why they made a career change if they did and do they have to go to Launceston, how do they cope with that, whether they have children. How they cope getting up early?

As outlined in Section Five (Demographic Information), it was apparent that there were significant differences between individual students with over 50% having had prior experience working in an aged care facility. Of those who had prior experience in aged care, the vast majority had worked as ECAs in residential care facilities. Not surprisingly, as the practicum unfolded the preceptors spoke of how the students who had worked in aged care

were more comfortable in the facilities and demonstrated a greater initiative to participate in activities.

Orientation activities

The research participants subsequently identified specific activities and strategies to facilitate the orientation process. Introducing students to other staff and residents was seen as being very important as well as providing an orientation to the facility, *'the toilets, coffee room, smoko room, all those sorts of places... Residents rooms, Director of care's office'* and routines. One preceptor suggested that for her this was:

... just a really friendly get to know each other day... We work out where they are going to put their bags... and I tell them some of the basics about what is going to happen to them while they are here.

During the first meeting with the students a questionnaire addressing the orientation experience was distributed (N=20) (Appendix 5).

Table 4 (below) documents the results of this questionnaire.

The findings highlight that while all students received information on lifting, other orientation issues were not always addressed. Given the discussions in the research meetings prior to the students' arrival where the orientation of students was addressed, it was somewhat surprising that:

- only 63% of students were introduced to other staff (domestic/ECA's etc);
- only 60 % were given an overview of the area; and
- a little more than half were informed of organisational arrangements/routines (how shifts were organised and facility policies etc).

Of concern, relatively few (+/- 30%) were informed of what to do in the event of an unplanned event (running late, feeling anxious) and only 14% of the students were informed of the person to contact if they were injured during their placement. This has important implications for OH&S.

Table 9: Student involvement in orientation activities

Question	Yes
Given an overview of manual handling and lifting policy?	100%
Told what times the shifts finish?	89%
Were you Introduced to the director of nursing?	89%
Shown where the toilets are?	83%
Did one person coordinate your orientation?	81%
Were you Introduced to ENs?	79%
Were you Introduced to other RNs?	78%
Shown where to put your bag?	75%
Shown the tea room?	68%
Told what books/resources are available and where?	67%
Were you Introduced to domestic & catering staff?	64%
Were you Introduced to ECAs?	63%
Told where you can access a telephone to make a call?	62%
Given an orientation to the unit/area (walk around)?	60%
Told when and where you will have meal breaks?	56%
Told what times the shifts start?	56%
Told what the smoking policy is?	53%
Told how the shift would be organised - routines?	52%
Told what to do in the event of fire or emergency?	52%
Told where you can access computing?	48%
Shown where the fire exits are?	33%
Told what to do if you are feeling anxious or upset?	33%
Told what to do if you need to go home early?	31%
Told what to do if you are running late or can't work that shift?	27%
Told what to do when the phone rings?	25%
Told what to do if I feel sick on a shift & need to go home?	21%
Told who to contact if you hurt yourself?	14%

Orientation experiences

Despite the discussions around planning the students' orientation prior to their arrival at the facilities the orientations did not all run smoothly. For example, two facilities arranged for the students to arrive at 7.00am on the first day of the practicum which proved to be problematic as one participant recounted. When her student arrived she was unable to spend time with her because she was, as she said, '*rushed off my feet*'. As a consequence the student followed her around and they did not have time to '*chat*', which the preceptor thought was probably '*a bit daunting*'. She described the experience for the student as '*going straight in the deep end*.'

At the second facility the preceptors described similar experiences. One reported that at 7.00 am on a Monday morning, when the students arrived, '*the diary is full ... [so] there's no way I can sit her down [to discuss things]*.' Such experiences highlighted the inappropriateness of a 7.00 am starting time for orientation and this prompted the preceptors to reconsider start times for the next cohort of students.

Some comments made by the students confirmed that at most facilities the organisation of orientation appeared to be somewhat ad hoc. For example, one student reported that at her facility:

When we got here they weren't really organised, like they didn't have things to hand out for us, it was like they hadn't worried to, didn't do anything until we

were already here. They did orientate us around the building but it wasn't really organised.

At another facility there was no orientation. As one student noted, '*we didn't have an orientation, it was 0700hrs on a Monday and we just started*'. Staff members at this facility went into a meeting and the students were excluded and left standing outside the door and uncertain what to do next. Another student commented that when she arrived at the facility:

I... got lost and then got there [to the ward]... and they [the staff] closed the door and had a meeting ...and someone came out and said 'don't stay out there come in' and I thought thank God. So I tried to latch on to her but then she was leaving and then nobody kind of said anything. Anyway that lady before she left she went and got the roster, but she didn't take me she just went and got the roster and came back and said 'all right your with X' but she didn't tell me who X was... and then they all walked out [of the meeting] and one of them said 'oh so your with me then' and I said 'are you X?' and then we just started. So I didn't have an orientation. I didn't see toilets, files, residents, when I walked in to resident's room after a few rooms I started introducing myself because she just talked away and the residents were looking like 'whose this extra person?'

Another student at this facility commented '*I didn't feel unwelcome ... [but] ...I definitely didn't feel special. We weren't made a fuss of or anything.*'

Other concerns raised by students related to other staff members not being informed about the students and what appeared to be a sometimes-perfunctory approach to orientation. With respect to the latter, one student reported '*we were whizzed around the nursing home. Because there is upstairs and downstairs... I had no idea where I was.*' At another facility a student described her orientation as '*just very flyby, run-around... the ward*'.

Such experiences highlight how students are quickly disaffected when orientation is not organised as a welcoming and supportive experience. As one student commented:

On the first day it would have been really nice to have it real structured, you know, instead of having the orientation, going to lunch and now just go off and do whatever you want.

In general the student's comments indicated a desire for a '*formal orientation*' to make them '*feel welcome*'. Additionally, they argued that the orientation should include information which informed them of '*how to get around*' and gave them details about '*the people you're [the students] working with*'. Others perceived an orientation to be important because:

...it's just so that you feel comfortable[with] where you are and [you] know where you go, where you go to have something to eat, where you go to the toilet.

When activities were structured the students were appreciative, as one noted when she said, '*We did a big section on manual handling and things. Which was really good.*' Similarly, at one facility the students reported a real sense of feeling welcome. Their comments highlighted the significance of staff making the effort to introduce the students to everyone. One student commented that:

Every time that we were with the educator you would go down the corridor and she would say [to other staff] 'Hello, this is the students.' And they would be like 'Oh, yeah.' And then they [staff] introduced us to the residents [who were told]... 'They are second year students and they only have one year to go and they will be RN's.

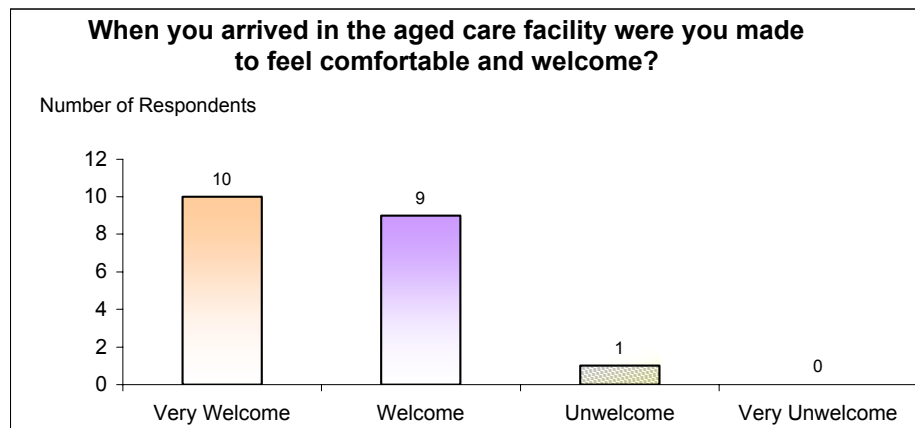
The difference in the perceptions of students when they feel welcome is apparent from the comments of one student: '*We just felt so special*' while another reported that her preceptor '*just showed us absolutely everything... [and] introduced us to people all along the way. Everyone stopped and was really happy to welcome us.*'

Later in the practicum, to help them further orientate to the RCFs they worked in, the students in one group gave feedback to the preceptors that they would like information regarding the organisation of work in the facility because they were feeling somewhat disorientated. After considering the student feedback the preceptors developed what they termed a ‘duty plan’, which outlined the sequence of key activities in the RCF. This proved to be a valuable tool to assist them to become acquainted with the facility organisation and work practices.

Evaluation of orientation

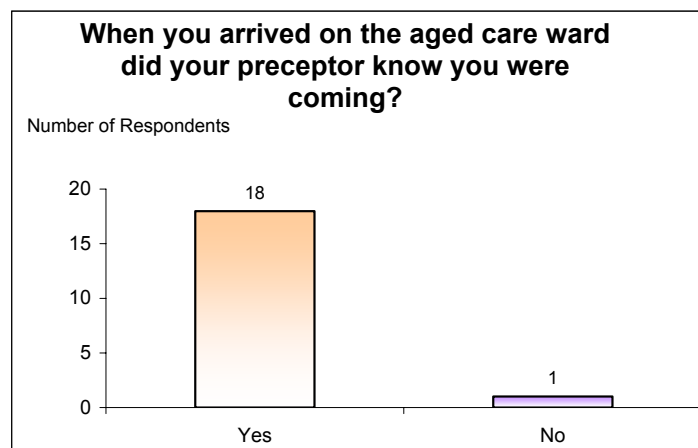
Despite the problems with orientation outlined above, the evaluation distributed to students at the completion of their practicum revealed that they felt welcome in the facilities (Figure 18 below) and that their preceptors knew they were coming (Figure 19 below).

Figure 18: Welcoming students to the facility



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Figure 19: Preceptor knowledge of students' arrival



Issues with facilitating teaching and learning

Expectations of the practicum

Preceptors from two groups spoke of how they hoped the students would be eager to learn and participate during their time in the facilities. Comments made by these preceptors include an expectation that students would *'take on board what we communicate, that they take directions and are responsive, ask questions and are interested. So it's not left to preceptors to always be thinking 'what do we do with them now?' and 'be careful and ease into their new role gradually'.*

Some preceptors also questioned whether the students might feel confronted by working with older people and dealing with things like false eyes, false teeth, incontinence and associated smells. They also identified the sight of an old naked ageing body as potentially confronting. Drawing on her past experience with students, one preceptor reported that in the shower *'seeing a naked adult has horrified some of them. Some of the students are highly embarrassed to begin with'.* This issue was also raised by students in the 'Making Connections' project (Robinson et al. 2002).

By the second week the preceptors reported that the students appeared *'really keen and enthusiastic'* and were *'asking lots of questions'*. Some preceptors also expressed surprise that the students did not have a negative perception of aged care nursing. As one commented, *'they're very happy to be here'*. There was also a sense that the students were coming to appreciate aged care, with one preceptor arguing that the students were, *'really starting to see the residents as people... rather than just diseases or case studies'*. This was important because as the member of another group suggested:

I would like them [the students] to go away at the end of the three weeks and think that everything we do for our residents is equally important... Because a lot of students focus on "I'm going to do medications and injections and dressings", but they don't want to do the feeds and they don't want to do the toileting because they don't think that is as important. Whereas a lot of us here have been nursing for 30 years and we know that it is just as important. I would like them to take that away with them.

Interestingly, the students demonstrated a stronger interest in pursuing the more technical aspects of nursing. To the preceptors' surprise, in general *'they didn't want to do caring work. They wanted to come in and do dressings, medications, injections'*. In the context of the research meetings the students reported a desire to *'do the work the RNs do'*, not the work of the carers. Wound management and drug administration were high on the agenda. With respect to the latter one student commented:

I know from my work, as far as poly-pharmacy goes I'm probably not going to get much closer to it than in aged care. I would like to see why and learn a lot more about specific drugs and ... why they are taking them, also what they are taking to counteract other things?

Dealing with dementia

Students participating in this research project reported confronting experiences associated with working with residents who had dementia, which was also the case in the 'Making Connections' project (Robinson et al. 2002). The preceptors shared stories about this issue and through this process they highlighted what they perceived to be a gap in the students' preparation. One commented:

I noticed they [the students] were a little bit surprised with dementia patients ... we had a few [residents] that just scream, yell out all the time. One student just said 'oh my God, does she really do that all day?' I said 'Well yes, I'm sorry but she does.' And she [the student] couldn't understand that. She was like 'Oh, wow.' So I don't think she had actually understood dementia properly.

Another preceptor reported that one resident with dementia was 'aggressive and one [student] got spat on ... I don't think they were expecting that'.

Similarly, students reported incidents where they were 'shocked' and 'scared' at times and by the behaviour of residents with dementia. In one facility a student shared an account where a resident with dementia 'hit one of his nurses when I was in the room... and then I learnt the hard way not to turn my back on him... [because] he hit me as well'. Another student reported that a resident with dementia was 'trying to break the windows in the ward', while a student in another facility recounted an incident where 'They gave her pills in her yoghurt and she was spitting them out'.

Despite student concerns with dementia being addressed in the 'Making Connections' report (Robinson et al. 2002), some preceptors suggested that caring for people with dementia was part of ordinary work. As a consequence they hadn't thought to prepare the students for what they might see and hear when caring for these residents. As one reported, 'we are just used to it ... [so] you forget to explain sometimes'. On occasions this was clearly problematic as one student explained with respect to a violent resident. She recounted that:

... one of the carers said "Have they warned you about her?" I said 'What do you mean' She said 'Have they told you not to get too close because she hits?' ... 'No!' Then I was really scared of her after that. It was very weird.

The preceptors in one group subsequently spent time talking with the students to explain the underlying cause of some of the behaviours and to discuss how they might be best managed.

Concerns with the 'educational' culture in aged care

As outlined previously in this report, the research findings highlight the importance of students working with interested staff. Indeed, this was a prime concern for the students. The historical absence of students from aged care facilities in Tasmania may have contributed to the reluctance of some nursing staff to work with the students. Indeed, from the comments of some students it appears that some staff were unfamiliar with working with them in this context.⁷ One student raised this issue:

I get a real sense of some of the RN's think 'what are we going to do with this student?' Some of them...obviously haven't had students tagging along with them [in the facility]. You can be running around [with] them and they mightn't say anything to you for 20 minutes while they're doing a number of things that you're not involved in. So after about an hour or so I tend to suggest 'I know so and so, how about I go and help her out?' and I get a sense [from them] of 'Oh yeah, yeah go please'.

When staff demonstrate a reluctance to mentor students this has a negative impact on the perceptions of the student involved. One student described a traumatic experience when a nurse she was assigned to work with stated in front of her, 'No, I'm not having a student, I don't want a student'. She went on to describe how the best experiences in the facility tended to be with nurses who seemed 'happy to have a student' and that she felt able to 'rack [the nurses'] brain, asking her a hundred million questions'.

⁷ This issue will be addressed in greater detail below in the section 'Working with ECAs'.

With respect to this issue, one group of students discussed organising the rosters so that they could always work with receptive and interested staff. This was important because as one student commented, if a staff member doesn't want to work with you:

... it feels like your wasting their time and your time is being wasted as well because they're not going to bother to explain what they're doing to you and you're not going to ask questions if they've made it clear that ... they've got a full plate as it is. So you tend to just be standing behind a person who doesn't want you standing behind them.

This also became an issue for the preceptor groups following feedback from the students. Although the preceptors agreed with the students, one group argued that it was impossible to always place students with nurses who are keen to act as preceptors. A member of one group commented that *'teaching is not a focus for everyone'* while another argued *'it would be wonderful if they were all keen and focussed and into teaching and precepting, ... but that just isn't the way it is!'*

The attitude of staff was not the only issue that framed the learning experience of students. How students were involved in activities was also significant. For example, one student reported being *'bored'*, commenting *'how many pill rounds can you do?'*. Another suggested that she felt that she was *'just cheap labour'* saying *'We are not really learning, we are just in a routine working an eight hour shift'*. However, others in the group presented a counter view, with one reporting:

I totally disagree. I haven't found this place boring at all. I have done so much more here than I had done on all my acute placements put together.

The project evaluation indicates that students generally appear to enjoy their time in aged care and were surprised at the scope of the RNs' role and the complexity of the work (see Section 8 – 'Aged care facility meeting student expectations', p.62).

The issue of continuity

The findings of the 'Making Connections' project (Robinson et al. 2002:3) demonstrated the importance of maintaining continuity between preceptors and students. Continuity of the relationship allowed the preceptor and preceptee to develop rapport and a sense of collegiality that assisted the students to gain confidence and facilitated the achievement of competence. It also made it easier to both identify and then pursue the types of practice experiences that the student required. Continuity enabled the preceptor to more readily assess progress and thereby facilitate opportunities for teaching and learning (Robinson et al. 2002:3).

As outlined above, planning for the arrival of the students, including rostering and rotation through the facilities, began prior to the commencement of the research meetings. Each facility adopted a slightly different approach. In some facilities educators took responsibility for organising who the students worked with and where. In other facilities the DON assumed this role. Some facilities adopted the approach of rotating students through different areas (including high care and hostel) in order to give them a broad range of experience, while others allocated them to the one area for the entire three week period. In general students were allocated to work with a number of different preceptors. Some groups also identified the need for students to spend time with other members of the multidisciplinary health care team to, as one described, *'bring home the holistic approach'*.

In the context of the research meetings, group members shared their plans for facilitating the students' learning experiences. This caused the staff from some facilities to revise their plans in response to what they perceived to be a more efficacious approach adopted by their colleagues in the pair facility. Indeed, as outlined in the previous section (p. 46) the notion of sharing strategies was positively embraced by these preceptors.

The results of the project evaluation indicate that in their attempts to facilitate teaching and learning students generally worked with a range of different staff. The results (see Appendix 2) indicate that students spent approximately:

- 40% of their time working with RNs;
- close to 15% of their time either working with ENs;
- nearly 20% of the time working with ECAs;
- 5% of the time working with diversional therapists and physiotherapists; and
- 10% of their time engaged in private study.⁸

Working with different staff meant that in most cases the opportunity to maintain continuity between preceptor and preceptee was limited. This situation was inevitable given the large numbers of part-time staff employed in the facilities. The preceptors identified that few of them had the capacity to work with the students over time because of the predominantly part time nature of the workforce (addressed in the previous chapter p.29). They also realised this could be problematic. As one preceptor commented *'it is certainly a draw back that we are all part-time. We can't have that continuity with them'*. In contrast, in the second week one staff member who did work full time commented that *'I am here all day every day, and I am sort of getting to know them'*.

Nevertheless, similar to the 'Making Connections' project, the preceptors reported that continuity with a student was critical to facilitating a positive learning experience and that students were keen to work with the same person over time. One preceptor noted this when she said that the students *'were happy to be with the same person that they knew'*.

The students reported mixed feeling with respect to working with preceptors over time. For example, one suggested *'I like the variety. I like it because then you don't get stuck with one that you don't like!'* Others suggest that by working with different people they learnt different skills and a variety of ways to tackle the same problem. Other students took a different view. For example, one student who worked over time with a RN in one facility reported that continuity:

... has got a lot to do with building a rapport... I know now that there is probably nothing I could not ask or say to my preceptor... We are very comfortable around each other now so that is really good ...

This student also made the link between building rapport with her preceptor, the capacity for preceptors to make assessments of students growing competence and structuring activities in ways that promote teaching and learning, when she said:

Last Tuesday night ... I just felt that they had more confidence in me and I felt more confident. I was able to do things on my own... I felt like I wasn't just a student.

Other students suggested that one of the most important things she valued was having some continuity with a preceptor. This was important because:

... she knows what I'm capable of and when something that perhaps she thinks I might have difficulty with, or might be avoiding, she encourages me... So by the end of the week there were a few areas, which I gained a lot of confidence in which I probably would have just chosen to avoid if I'd been with different nurses [each shift].

Similarly, another student in this group described a sense of trust she developed with her preceptor and an appreciation that the preceptor was aware of the student's course

⁸ The total does not add up to 100% because of gaps in the data set. As such the figures presented above are an estimate only – see Appendix 2 for details.

requirements. This was made explicit in the context of attending to a resident's hygiene with the preceptor, who highlighted the importance of a 'full skin assessment'. This experience made the student feel that her preceptor 'knew the [nursing] course content'. Furthermore, she said, *'I guess she [the preceptor] knows that I learned a lot over the two weeks so she doesn't want to give me just like the menial little tasks'*. When asked to describe how her preceptor knew this, the student highlighted the importance of continuity by commenting *'because I've worked with her [the same preceptor] before'*.

Another student in this group described how having the same preceptor for a period of time had helped her to gain the confidence to be more proactive in having input into the teaching and learning process. She recounted:

...when they [the preceptor] say there's something to be done, now I'm more likely to say, 'I can do that' or if they say, 'Are you happy to do this?' and you're not you say, 'no' because you know it's easier to say no to people when you know them but if it was my first day and they said, 'Do you want to do this?' I probably would have said 'yes'.

Preceptors also reported that working with the same students over time allowed them to concentrate on developing their clinical competence. In another facility one preceptor recounted how working with a student on successive shifts enabled her to appropriately structure student learning. With respect to developing students' competence in the management of catheters, she reported:

The first time they watched me changing the catheter bags and doing the wound dressing to get them feeling comfortable with it...the second time I thought 'I won't talk her through the procedure, I'll just see how she goes' because we'd done it the week before and so she went through it and she did a couple of things and I said to her 'yep that's great, how about when the next time it's changed we go and we try to be a bit more careful with the blue cap'.

Such experiences highlighted the powerful association between student and preceptor continuity and the development of clinical competence among students.

Moving students between areas also had an impact on continuity. The preceptors in one group discussed the pros and cons of moving students to a new area for the last week of the practicum. This involved, as one suggested, swapping *'them all round so that they can have a taste of something else'*. This person went on to explain:

I am still debating with myself whether or not that was a good move. Because they were becoming familiar to their environment they were in. The staff knew them and the residents knew them. I don't know whether moving them for that last week to give them more opportunities to see things has actually set them back. I would like to know whether or not they have felt less secure because I moved them to a different unit, to see more. But they are out of their comfort zone again.

With respect to this issue, students in another group found changing the context of their practicum on a regular basis very difficult. One reported:

We get swapped sometimes every shift and it's so difficult, like there are so many residents that I don't know or I forget or I mix up because I've been on every single wing.

Students in other groups commented that working in the same area allowed them to develop confidence in their practice and familiarity with the environment. One said:

... you start to use more initiative because you know the residents... [when] you're not with a nurse and that's all right. But if you keep getting swapped around, you need structure the whole time because you're uncomfortable doing things on your own.

Following discussions about this issue in the third week of the practicum one group negotiated with their DON to rework the students' roster in an attempt to promote greater continuity between students and particular areas in the home as well as specific preceptors. As the above accounts suggest, they achieved some success as a result of their efforts with students reporting a greater sense of satisfaction with their learning experience.

Issues working with carers

Similar to the findings in the 'Making Connections' project, the preceptors involved in this study reported that working in this capacity with students' required a significant investment of time. For some, this was fraught with difficulty as they were already extremely busy. According to one group of preceptors the most notable difference was that '*they ask lots of questions*' and this had the capacity to slow the day down.

All the groups expressed anxiety over balancing their existing workload in their roles as a RN or EN with the additional demand of precepting. In week one all the groups began introducing the idea of devolving the load to other team members, such as ECAs. This was seen as a positive development, as one preceptor suggested:

...once they get working with the carers they will realise how much knowledge the carers have. Because, I mean, the carers provide all the physical information we use, about their bowels, their skin, their eating, their behaviour...

As previously outlined, the project evaluation (Appendix 2) revealed that students worked approximately 20% of the time with ECAs. This is significant because the ECAs were not directly targeted by the TSoN during the preparatory sessions held in facilities prior to the students arrival. In some respects this was problematic because the 'Making Connections' report indicated the importance of informing them about the students' 'program and their learning needs... [as well as] helping these staff to develop strategies to effectively support the students in practice and facilitate teaching and learning' (Robinson et al. 2002:2). However, as outlined in the previous chapter (p.39) the preceptors were aware that the ECAs would need some form of preparation prior to working with students, and some preceptors clearly made a significant effort to do this. Indeed, they argued that ECAs could assist but cautioned that they required some level of briefing about the students. In effect they recognised the importance of informing carers of the expectations they held of them when working with students, as one commented:

ECAs can be really useful, [but] they do need to be talked to... before the students come. We have had some excellent results... by giving them practical advice. Like 'when you have students with you talk to them all the time. Tell them what you are doing. Don't just change a pad without telling them about the pad. Don't just turn somebody over without telling them about pressure care.

However, the student evaluation of working with carers was mixed. It appears that some students associated being allocated to work with ECAs as a form of rejection by the RN or EN preceptors. One recounted being '*dumped*' with the ECA because as she saw it, the preceptors '*just didn't want to look after me*'. Similarly, another student recounted trying to find her preceptor, stating, '*Then I would see her down the hall and she would turn around and walk back the other way... [which was] ... very upsetting*'. The student went on to suggest '*I think she just didn't want me with her. And she did everything to make sure I wasn't with her*'. Overall, the students felt it was important that the carers be asked if they wanted a student to mentor and to be told what the students can do. The students also felt that it was important that the carers explained exactly what they were doing and why.

Other students also argued that doing the work of an ECA was problematic. For example, one reported '*I was learning things but I've learnt all that before like the hygiene and stuff*'.

In another facility, students reported that working with ECAs stifled their learning because they were cast as observers rather than doers, as one reported *'they won't let me do anything'*. Other students in this facility described working with ECAs as *'boring'* and questioned how much they understood the students' needs. One recounted *'I think they think I am silly or something'*.

Students also gained the impression that on occasions it was expedient for an RN to assign them to work with a carer. One student reported being less than appreciative at her preceptor saying, *'We'll team you up with a carer and you can work with them all day'*. Another student in this facility had a similar experience and responded with the comment *'it's fine to wash a few people, but it would be nice to do a few different things.'*

In part the perceptions of some students were shaped by their previous experience working in the sector. For example, in one facility students described how they resented being *'given to a carer'* when the RN was too busy, because they had *'worked as a carer already'*. As such these students, who had experience as ECAs felt the carers were *'using'* them to do their *'dirty work'*. Students in another group reported that they got minimal guidance or advice from carers in the provision of nursing care. One recounted *'they don't tell us anything... They just say 'go and do this, go and do that''*. Such experiences provoked a student in one group to describe herself as an *'extra pair of hands rather than being taught'*.

At the same time the students recognised that assigning them to ECAs was an imposition because they had to work, as one noted, *'very hard and very quickly'*. Indeed, among the students there was an acknowledgement of the need for ECAs to *'get on with the work'* and that on occasion this meant they became impatient with the students. For example, one student reported that she was not permitted to assist in the provision of personal care for a resident because she was told by an ECA, *'I know how it is done and I can do it faster!'* Similarly, another student was asked if her legs were *'painted on'* when she was not quick enough in answering a bell.

By the third week of the practicum students reported a range of experiences when working with ECAs. Their positive experiences included having intimate contact with residents which was less likely to occur when working with an RN. One student reported that her time working with an ECA in the third week of the practicum was *'great ... really wonderful ... I actually got to spend time with people [residents]'*. At another facility the students also expressed positive feelings about working with ECAs. Rather than having a pre-occupation with developing their technical expertise with drugs, dressings injections and other tasks it was apparent that these students perceived aged care as an opportunity to *'master the basics'* and then do *'more than the basics'*.

Although the students reported that they were willing to participate in personal care they also wanted to work alongside the RN who they perceived to be doing very little of that kind of nursing work. Nevertheless, these students still interpreted being assigned to ECAs as being *'fobbed off'* with the ECAs. Such comments suggest that the students struggled with accepting the legitimacy of being taught by an untrained carer. As one student proffered, *'at the end of the day we're here to learn from the registered nurses and the carers but more as a registered nurse position I think'*. In the final week of the practicum the student in one research group debated the legitimacy of working with ECAs. One student suggested:

aged care is different and there aren't the RNs and we aren't going to have so many experiences and we're not gonna learn that stuff, we're just going to learn the basic care.

However, others argued that *'we're learning to be an RN, we need to know that [how to be an RN]'*. This student went on to describe how she felt that she was not being taught the skills that would enable her to enter the aged care sector as an RN at the end of her degree. The student realised that performing personal care was important but she felt that she was *'here [in aged care] to learn more than that'*.

Despite these concerns, reports emerged that some ECAs did enjoy working with students. A preceptor reported that she overheard some ECAs commenting on *'how much they had enjoyed it [working with students]'* and how they had appreciated the fact that the students had been *'willing... to jump in and have a go and be part of the team'*. Such comments suggest that when appropriately prepared and supported ECAs can indeed make a positive contribution to the student learning experience in aged care.

8. Research Evaluation

Introduction

A survey of the students who participated in the project was administered to students at the completion of their practicum and to the preceptors the following week (See Appendices 6 and 7). The results are presented below.

The evaluation presents a picture of the students' perceptions, which suggests that in general they had a good experience in the sector, enjoyed working with the elderly residents, found their preceptors helpful and supportive and participation in the research valuable.

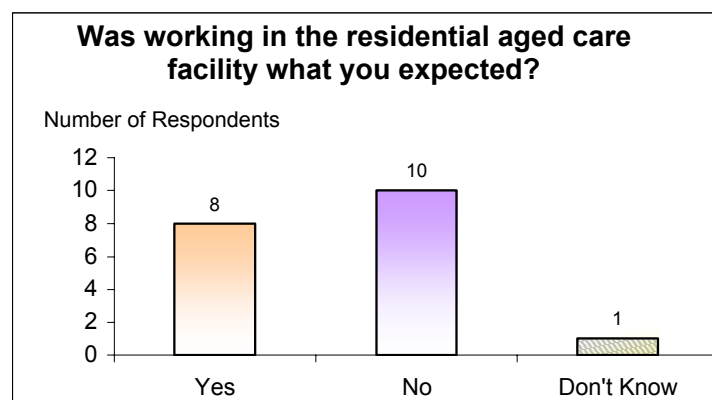
Similarly, it is apparent that the preceptors enjoyed working with the students and found this a stimulating and rewarding experience. It is also evident they greatly appreciated the opportunity to meet in the context of the research discussion and enjoyed participation in the project.

Students' perceptions of working in aged care

Aged care facility meeting student expectations

Students were divided in their opinion of their ability to accurately predict the nature of clinical practice in aged care facilities. Of the students who completed the survey (N=19) more than 50% incorrectly predicted the nature of the experience (see Figure 20 below).

Figure 20: Expectations of working in aged care



The majority of comments from the students were positive suggesting that they had a good experience in the facilities. These comments included:

- *I didn't realise the responsibilities were as great as they are, taking care of a wide variety of care – speaking and organising other specialised care. Thought would be more undesirable environment, smelly etc.*
- *I have a much better insight into the many responsibilities that are placed upon a RN in this setting.*
- *Role of the RN was a lot more broad and I did not understand before this placement the managerial role of the RN.*

- *I have a much better insight into the many responsibilities that are placed upon a RN in this setting.*
- *As I had worked as an ECA I know what had to be done. The other aspects that an RN was new.*
- *It was better in some respects – I learnt what an RN/ENP did in the nursing home and what type of needs people have. It was more ‘exciting’ than I thought it would be.*
- *Before working in aged care, I expected the aged care environment to be depressive and negative. By the third week of my clinical placement, I looked upon aged care as more positive.*
- *It turned out to be a lot more challenging and exciting than what I thought it would be.*
- *I did many things I had expected in aged care, and practicing skills however there were aspects I didn’t expect, like the support and close care to the residents.*
- *Hadn’t thought thoroughly about the difference between aged and acute ie few RNs and just do meds. Did enjoy it though.*

Some negative comments suggest that some of the students found working in aged care a boring experience.

- *Yes, it was very boring and unrewarding.*
- *RNs role was markedly different from acute care, there wasn’t much to do, not many learning opportunities. It was painfully boring.*

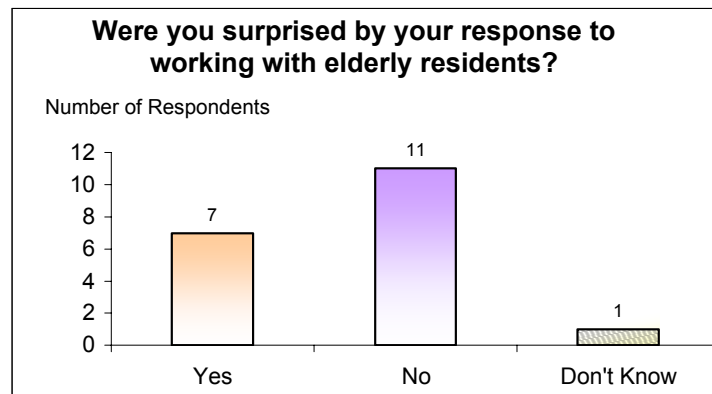
Student’s impression of working with elderly residents

As can be seen from Figure 21, 85% (n=16) of the students indicated that they enjoyed their experience of working with elderly residents. Of note, 45% of the students were surprised at their response to working with the elderly residents. As one student said ‘...I did not think I would enjoy working with the elderly’.

Figure 21: Experience of working with elderly residents



Figure 22: Response to working with elderly residents



Sample comments:

- *The long term bonding and ongoing care was rewarding at times.*
- *I thought it would be a lot more boring and 'duty work' however I've really enjoyed helping people make the most of their lives.*
- *I thought I got on a lot better than I thought I would.*
- *They are really nice.*
- *I've worked with them before and I have previously loved it and still do.*
- *Before the placement, I did not think I would enjoy working with the elderly.*
- *I really enjoyed meeting and caring for the residents and hopefully making my time with them enjoyable.*
- *I didn't realise how well I would get along with them.*
- *Have had experiences with elderly in my ECA experience.*
- *I have worked as an ECA before.*

Evaluation of preceptors

The project evaluation indicated that the students found the preceptors to be helpful, supportive and friendly (see Figures 23, 24 and 25). This was important because the students had suggested in their comments that it made them feel *‘confident and welcome’*; *‘encouraged and happy’*; *‘very welcome... as if I were apart of the team.’*

Figure 23: Attitude of preceptors – How friendly?

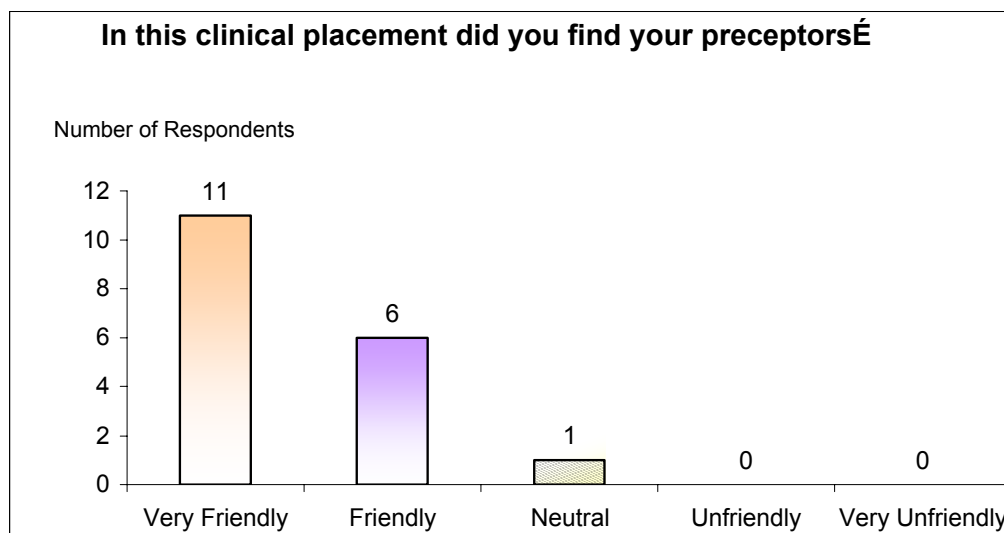


Figure 24: Attitude of preceptors – How helpful?

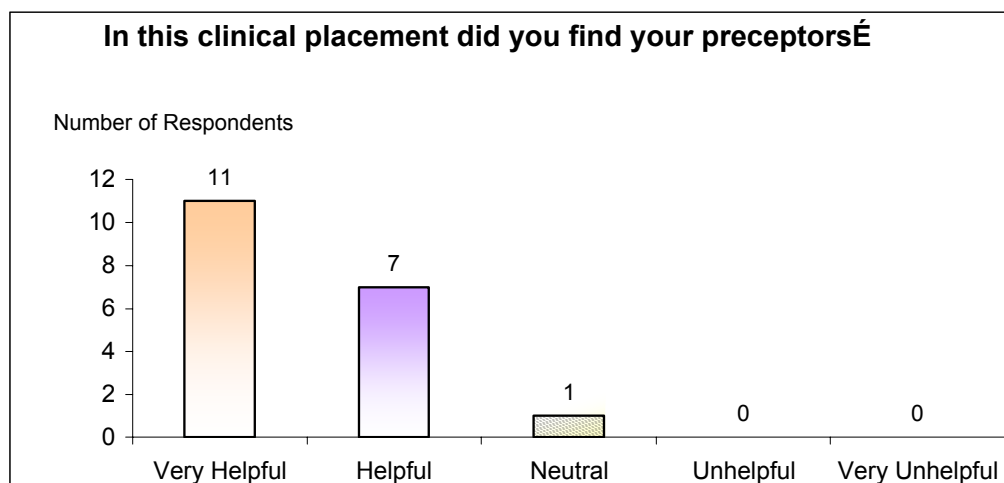
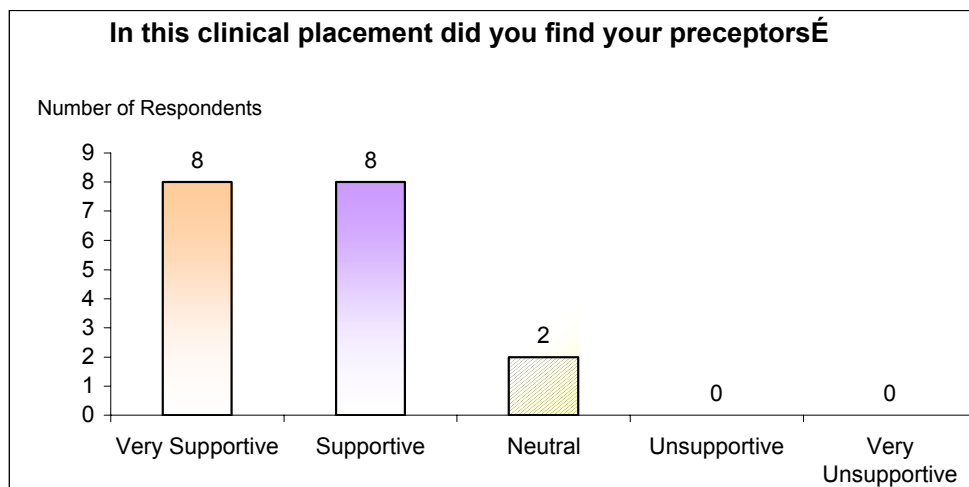


Figure 25: Attitude of preceptors - How supportive?



Other comments which indicate that students had a positive experience with their preceptors include:

- *Confident to ask questions.*
- *Relaxed and content and not at all uncomfortable*
- *Most of them were helpful and supportive though some were a bit intimidating*
- *Made me feel very welcome and appreciated, also that they enjoyed teaching us, and that we weren't in the way.*
- *Welcome. Accepted and a part of the team.*
- *It made me feel much better more comfortable, and it made way for a better learning experience for me.*
- *Yes I found my preceptors very helpful and supportive. Trying to make my time the best that they could.*
- *Until became comfortable in the environment, it was nerve racking but comfort increased with confidence and competence over time.*

Alternatively, the following comments suggest that some students had reservations about their preceptors:

- *I didn't feel I could talk to my preceptor.*
- *Welcome and supported but they were somewhat condescending and unaware of our skills and reluctant to let us do simple things like dressings.*
- *I sometimes felt at a loss as to what I should be doing. I appreciated their help and manner, but feel that they could have supported me better by telling me exactly what they wanted.*

Intention to work in aged care

An evaluation of the intention of students regarding future employment in aged care produced some interesting results. Unlike those students involved in the 'Making Connections' project, on entry a far greater percentage of students (50%) indicated that they would definitely/may consider working in aged care. However, it is also important to note

that on entry a further 35% of students indicated that they were not definite in the view that they would not work in the sector.

As can be seen in Figure 27, on completion of their placement the number of students indicating that they would/may work in the sector rose to 64%, suggesting that despite the problems they experienced, their experience in the facilities had positively impacted on their perception of aged care.

At commencement of the placement

Figure 26: Student nurse intentions to work in aged care (initial evaluation)

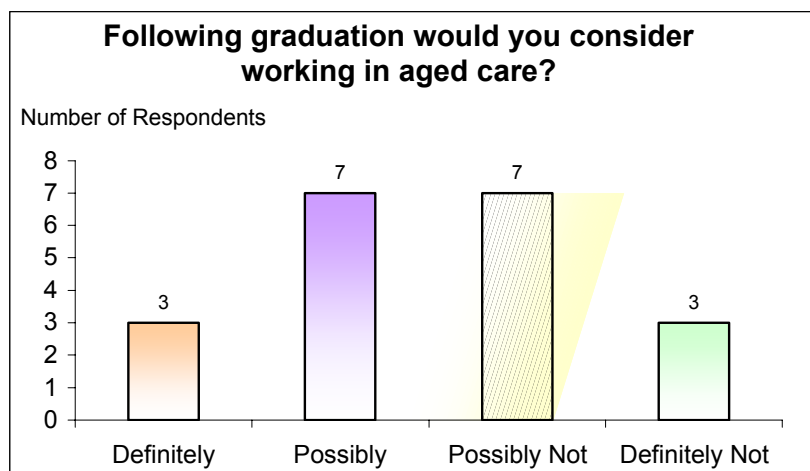


Table 10: Student nurse intentions to work in aged care (initial evaluation)

	Definitely	Possibly	Possibly Not	Definitely Not
Number	3	7	7	3
Percentage	15%	35%	35%	15%

On completion of the placement

Figure 27: Student nurse intentions to work in aged care (final evaluation)

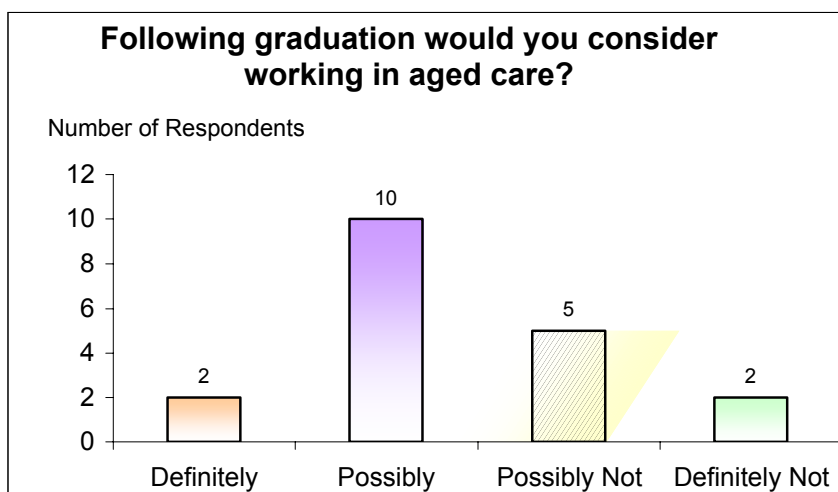


Table 11: Student nurse intentions to work in aged care (final evaluation)

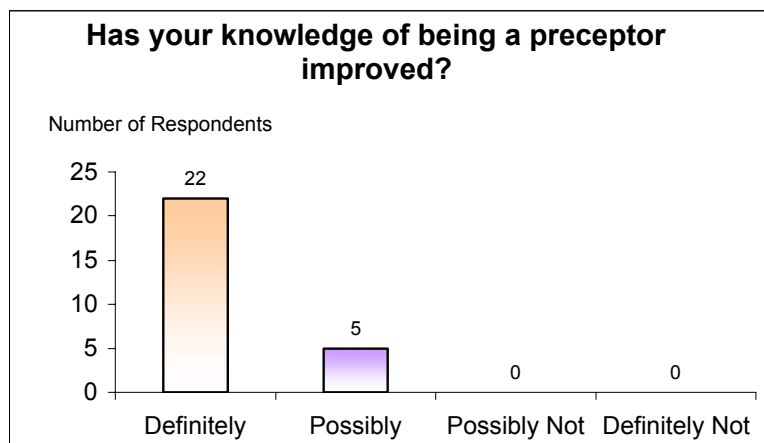
	Definitely	Possibly	Possibly Not	Definitely Not
Number	2	10	5	2
Percentage	11%	53%	25%	11%

Building Capacity in Aged Care

Introduction

The project evaluation revealed that through participation in the project the preceptors had improved their knowledge (See Figure 28 below) and confidence (see Figure 29 below) in the role of being a preceptor. The comments made by the preceptors below also support this finding.

Knowledge and skill as a preceptor

Figure 28: Improvement of knowledge and skill as a preceptor

RN Comments:

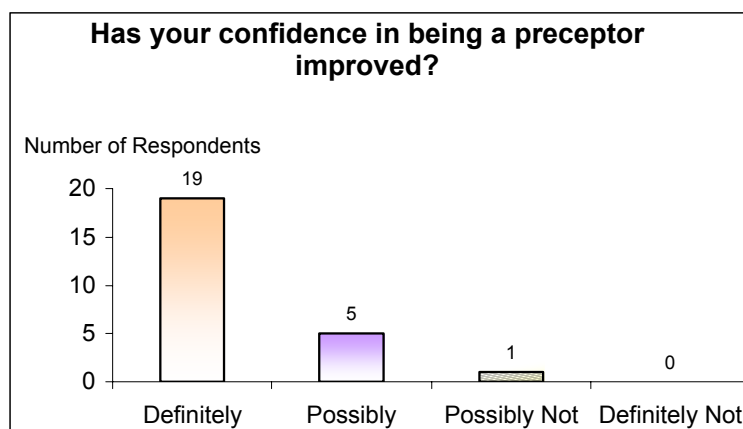
- *I am much more aware of the students needs and am finding myself going out of my way to provide them with learning opportunities.*
- *It has helped to broaden my knowledge and experience and stimulate my thinking.*
- *Know a little more about Uni training both positive and negative aspects.*
- *More aware of students, fears, work worries, ideas of what they expect from role models.*
- *You build up techniques to help the next group.*
- *More understanding of the process and the importance of the role.*

EN Comments:

- *Has helped me reflect on my professional practices. Motivates/has inspired me to relearn or research new knowledge.*
- *It is now quite clear what my role and required outcomes are.*

Confidence in working as a preceptor

Figure 29: Improvement of confidence in being a preceptor



RN Comments:

- *I am new to aged care and have learnt a lot from all staff and fell much more confident to assist students.*
- *The students told me to do it again, so that's encouragement.*
- *Depth of knowledge increased.*

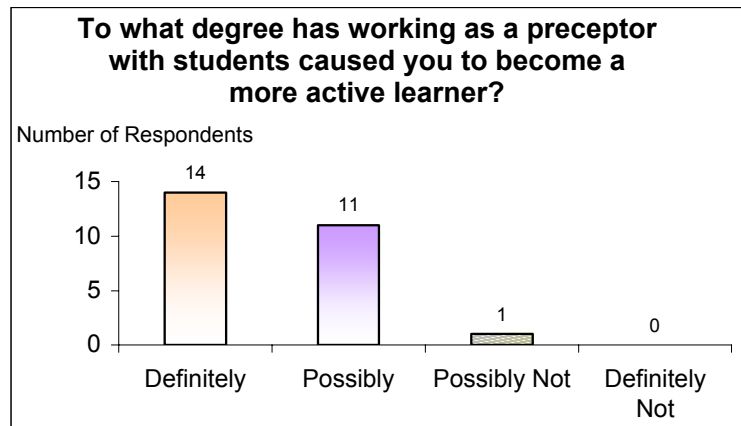
EN Comments:

- *By getting positive feedback from the students.*
- *More confident working with students now.*
- *To be able to share ideas, strategies and measure what works and what doesn't.*

Promotion of active learning among preceptors

The project evaluation shows that the preceptors believed that participation in the project prompted them to become a more active learner (Figure 30 below). This finding supports the discussion in previous sections of this report.

Figure 30: Promotion of active learning among preceptors



RN Comments:

- *Always learning and researching now.*
- *You have to question and listen more.*
- *I am more willing to accept info from peers and seek info required whilst precepting.*
- *I'm already juggling work, family and study with difficulty so my enthusiasm for further learning was great.*
- *More desire to attain increased knowledge.*
- *More desire to 'catch up' on certain things.*
- *Found I was seeking more information for students and myself – sharing my personal resources.*

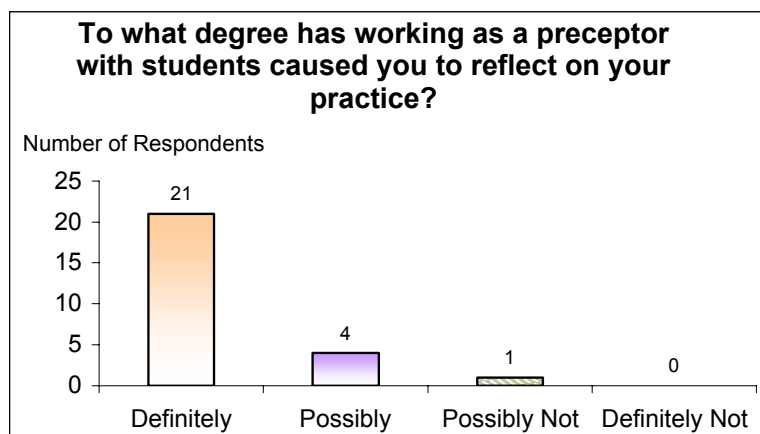
EN Comments:

- *Knowledge/practice sharpens the mind and encourages me to obtain the best results for myself and the students. Then the resident's needs are met – yeah!*
- *The need to educate and keep myself updated with changes etc so as I can facilitate questions asked.*
- *New treatments etc.*
- *Following through for myself.*
- *To refresh my knowledge – students keen to learn passing on enthusiasm.*
- *Makes me more aware of some things I may not know myself and conscious I should find out.*
- *The need to have many answers to a large variety of questions.*

Promotion of critical reflection among preceptors

The evaluation indicates that participation in the project prompted the preceptor to critically reflect on their practice (see Figure 31 below).

Figure 31: Critical reflection among preceptors



RN Comments:

- *I have noticed since precepting have been more aware and have been looking up references on all nursing subjects.*
- *Always makes you more aware of doing correct procedures.*
- *Reminding me to check details. Having to explain to students helped to 'joy' learning. Ensure I know correct technique.*
- *I ensure I carry out safe practice and find myself looking things up a lot more and learning along the way.*
- *Sometimes routine tasks are completed without much thought because you have repeated it a thousand times. Explaining the importance of these tasks to the students makes you realise the depth of these tasks.*
- *Has given me the ability to recognise my own weaknesses more fully.*
- *Found it very stimulating and identified some areas where I needed to smarten up!*

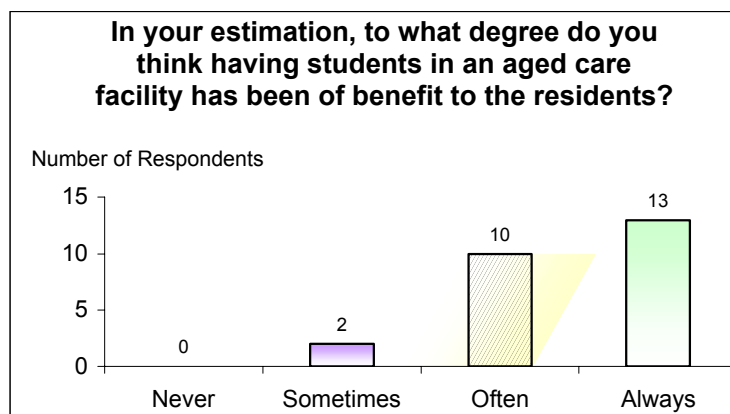
EN Comments:

- *Considerably much more inspiration to correct lazy practices.*
- *Very aware I was setting an example.*
- *Have taken time to look at my practice. Hopefully improved.*
- *Best practice – not rushing. Using some skills that I haven't used for a while to improve.*
- *It certainly highlights the awareness to be accountable for ones actions.*

Benefit to residents from having students in aged care

Evaluation of the project indicates that the preceptors believed that having students in the facilities generally benefited the residents (see Figure 32 below). Most of the comments made by the preceptors were positive, although there were a small minority of negative comments, which may reflect the historical isolation of RCFs from university education.

Figure 32: Benefit to residents from having students in aged care



Positive comments made by the preceptors include:

- *Good for them to see new faces and that they will be competent RNs in time.*
- *Another young friendly person.*
- *New faces, they enjoyed telling 'their story' and being made 'special'. Thinking they were worthy of a case study.*
- *Its fantastic to see students developing a rapport residents. A new face for them all to talk to. Gives the residents an understanding of the training required to be a nurse.*
- *Residents love to see that there are new people ready to look after them. Love to catch up on new gossip from a new source.*
- *Good for the residents, to share their lives with the young.*
- *The students will always have something to give, because they are fresh faced and always willing to talk and help and learn.*
- *Stimulating – they love to help the students, they love the young people. Students often return to visit residents – friendships forged.*
- *Age often relates well to youth. Students have respect (usually) for older aged talk/communication.*
- *Residents feel important. Residents like to be part of students learning.*
- *Residents look forward to new young faces and enjoy being able to share their own knowledge with them.*
- *Residents enjoyed having a 'fresh young face'.*
- *Our residents thoroughly enjoyed our students who over time knew their names and sat and talked to them. It was a very positive outcome.*
- *They enjoy having people learning from them and their new faces.*
- *Residents have enjoyed the interactive, participation, by the students. Nice to have same 'new faces' around.*
- *Elderly people enjoy students to sit, listen about their lives. Students are more relaxed when staff are really busy. Thanks for a great experience.*
- *Students communicating with the elderly, fresh young faces light up their day.*
- *Fresh, new interesting people to meet and pass on life experience to.*
- *Enabling residents to be involved with learning processes for the students. The time students spend in quality time with them.*

Negative comments made by the preceptors include:

- *I cannot see any benefits; elderly residents are more comfortable with continuity of staff, knowledge of their specific care and speed of applications. They can become very unsettled with new peoples.*
- *Some residents sometimes may enjoy students, most just accept and respect need for students but are not effected positively or negatively.*
- *Little bit older does not always mean not interested in your neighbour.*

Was working as a preceptor with students what you expected?

Comments made by the RNs in response to this question suggest that they were surprised at how rewarding the experience was and how much they learnt during the process. For example one RN preceptor wrote:

I wasn't sure it would be such an enjoyable experience and didn't realise it would be such a big learning experience for myself. I have a much better understanding of students needs.

Other comments include:

- *Enjoy being able to share with them my knowledge.*
- *We have many students, of varying types. However this was more intense.*
- *Extra busy – enjoyable and different company and able to let a new group get more experience.*
- *Loved it!*
- *I enjoyed being with the students more than in May, as we were more prepared.*

The ENs involved with students made similar comments including:

- *Hard work but enjoyable*
- *Very time consuming – first time experience.*
- *Very enjoyable – the students need familiarity, guidance, routine and tenderness.*

Most enjoyable aspects of being a preceptor.

In response to the question ‘Please list the most enjoyable aspects of your experience as a preceptor?’ (Appendix 8) the registered nurses indicated that they enjoyed working with students and facilitating their development in practice. It is evident that this was a source of considerable satisfaction and that they appreciated the students’ keen attitude and willingness to learn. Similarly, they appreciated the stimulation associated with having student in the facilities and working in an educative capacity. Comments written in the evaluation in response to this question include:

RN Comments:

- *Meeting new people and passing on knowledge.*
- *Their elation when mastering a technique, ie venipuncture. Watching the students become confident, smiling and friendly with both staff and residents.*
- *Seeing students grow in confidence and ability and enjoying what they did. Encouraging students and facilitating meaningful experiences.*
- *Developing a rapport with students. Providing them with a learning experience. The reward of a student learning from me. Better understanding of student's role.*
- *Watching students get more confident in themselves with others and working with others.*
- *Watching the students grow!*
- *The willingness of the students to listen and learn.*

- *Working with students. I enjoy teaching. Contribute something to the future of nursing.*
- *Keen attitude and willingness to learn.*
- *Sharing knowledge and experience. Seeing young (and other) students gain and learn from placements. To see students grow!*
- *Being able to mould and nurture the trainee into being a much more knowledgeable RN both practical and theory.*
- *Students wanting to learn, very receptive.*
- *Enjoyed being with the student, helping and assisting them to become confident/competent nurses.*
- *Passing on my years of experience and knowledge.*
- *Able to share my knowledge and passion about aged care.*
- *Providing learning experiences and seeing students become more confident and aware.*

The comments made by ENs also reflect those of their RN colleagues. Their comments make it apparent that they also greatly enjoyed being a part of the students experience and having a role in their development. Comments written in the evaluation in response to the request, 'Please list the most enjoyable aspects of your experience as a preceptor', include:

- *Sharing knowledge/receiving knowledge. Confidence.*
- *Seeing students confidence grow and becoming part of a team.*
- *Getting to know the students. Watching them become more confident.*
- *Sharing of knowledge. Making new friends. Passing experience.*
- *Talking to the students, hearing and listening to their enthusiasm, being able to teach them the small things that I know as an EN.*
- *Being able to assist someone else in their learning journey.*
- *The involvement with the students. The challenge of implementing strategies to gain the best possible outcomes for the students.*

Least enjoyable aspects of being a preceptor.

In response to this question the comments made by RN preceptors suggest two problems. Firstly, consistent with the discussions outlined in the previous two chapters it is apparent the RNs struggled with limited time to devote to students. Comments made reflecting this issue include:

- *increased workload on RN, not much time to think about the role or preceptor.*
- *slower with procedures.*
- *Too little time – too many other duties/interruptions.*
- *Having to catch up on extra duties not done while putting the extra time into precepting.*
- *The feeling that there was not enough time to explain everything clearly to the students.*

- *Sometimes if we were extremely busy I felt I was unable to give the students the time I felt they needed.*
- *Frustration when not being able to give more time.*

Secondly, and also consistent with the research group discussions, the preceptors commented that a lack of organisation and problems with communication impeded their efforts as preceptors. Comments made by RNs in the evaluation in response to this question, 'Please list the least enjoyable aspects of your experience as a preceptor', include:

- *Within the nursing home the support structure was lacking eg nurses not rostered to preceptors. Little communication within the precepting group. Effectively lowering confidence.*
- *No one coordinating the introduction of nurse to preceptor.*
- *No continuity with student.*
- *Not knowing what students expected.*

Like their RN colleagues the ENs also appeared to find that a lack of time to spend with students was a significant problem. Their comments in response to the question, 'Please list the least enjoyable aspects of your experience as a preceptor', include:

- *Being very busy and not being able to do precepting of nursing to the standard I would like.*
- *Exhaustion at the end of their placement – but enjoyable exhaustion.*
- *Time management.*
- *Not being able to spend more time with them when I wanted, because at times they weren't real keen on learning 'how to care for residents'.*
- *Time management – to complete required tasks while doing the best for students.*

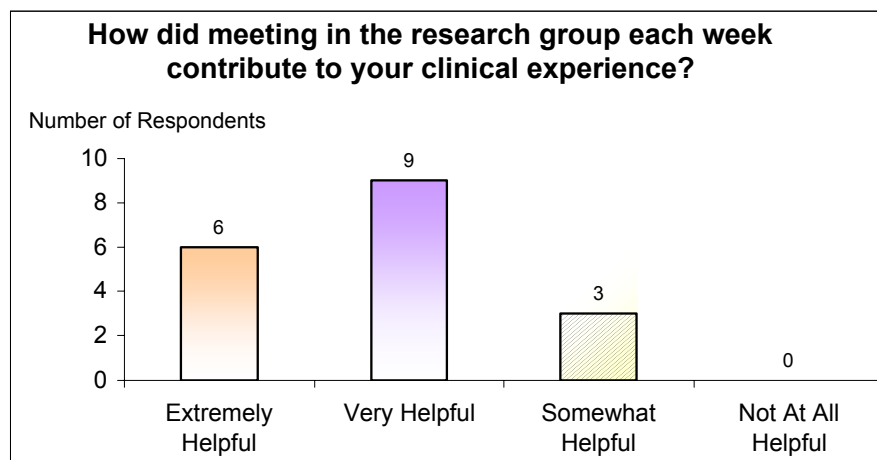
Participation in the Research Process

Value of research meetings

Student Nurses

The majority of students indicated that they found the research meetings to be either extremely (n=6) or very helpful (n=9) (see Figure 33). A consistent theme in the comments made by the students was that the meetings provided the opportunity to debrief and get issues 'off [their] chest'. Being able to share similar experiences with other students in a safe environment was important to the students (see sample comments below).

Figure 33: The value of research meetings



Sample student comments:

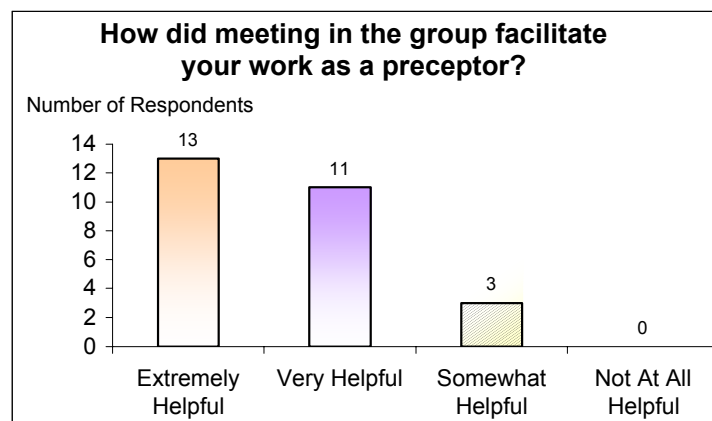
- *Allowed feedback to preceptors.*
- *It was good to air concerns and not feel alone if there were any issues that were of concern.*
- *It told the nurses what we did and didn't like in a nice way.*
- *It was great being able to 'debrief' without fear of getting into trouble. It was great to see changes implemented from our comments re RNs.*
- *It was valuable and important that issues of concern could be aired without feeling intimidated and that these issues could be raised to RNs and problems resolved to improve work environment conditions.*
- *It was a good time to get things off your chest, both positive and negative and it was nice to think or feel that someone is interested in your opinion and problems.*
- *I would tell the group how I was feeling and what I had been doing. It allowed me to get things that had happened off my chest.*
- *It was interesting to hear the opinions of the other students and the problems which they may have encountered and the positive things they have experienced.*
- *It was encouraging to hear what everyone else was doing to know we were all in the same or similar situations.*

- *Good to hear that other people feel the same way.*
- *Good to hear other student's experiences.*
- *Talking with others regularly helped me gain more of an insight into how others were getting along in their placements.*
- *Discussion of shared experiences reinforced what could be done to make the most of our time.*
- *It was good to be able to share my feelings and see what type of experiences others were having.*
- *Helped us to see the areas we needed to change and the continuity we needed to achieve.*

Preceptors

From Figure 34 it can be seen that most of the respondents (n=13) found the group meetings to be extremely helpful in facilitating their work as a preceptor or very helpful (n=11). From the RN/EN comments it can be seen that the opportunity to share experiences, problems and to support each other was an important aspect of the meetings.

Figure 34: Facilitating preceptor work through group meetings



RN Comments:

- *Able to see how others were working in different areas.*
- *Gives confidence – validates you are doing OK. Shares knowledge/ideas.*
- *Hearing others experiences, being able to ask questions.*
- *Supportive, exchange of information, reassuring and confirming.*
- *Ideas. Discussed problems/successes. Evaluation of role.*
- *Express ideas. Discuss solutions. Share ideas. Reinforce 'how' we are doing as a group.*
- *Sharing problems, experiences, bettering ideas, support.*

EN Comments:

- *Sharing ideas consolidates your own competencies/practices.*
- *Problem solving. Exchanging ideas. Support from colleagues. Discussion.*

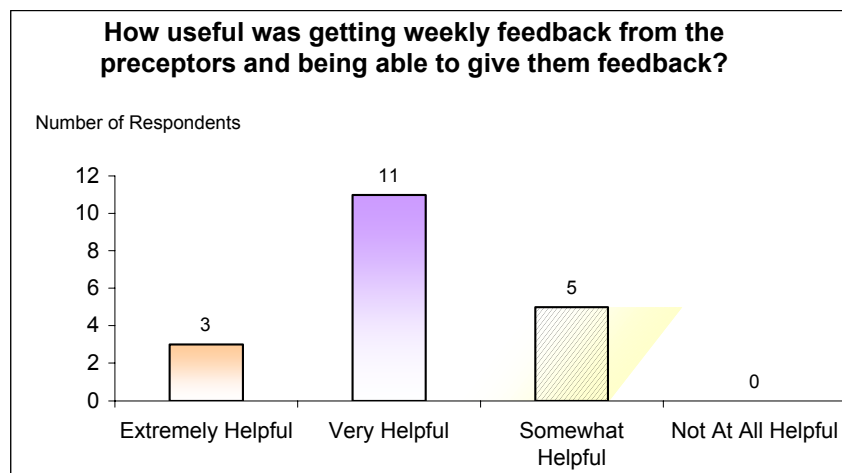
- *First time experience and was unsure if what or (how) I was doing was OK.*

Value of feedback via the research feedback loop

Student Nurses

Figure 35 shows that 75% of the students rated the opportunity to provide and receive feedback as either extremely or very helpful (n=14) and most of the students' comments were also positive. The students welcomed the opportunity to gain insight into how the preceptors perceived them so they could reflect on their own performance. The students also found the anonymous nature of the feedback loop to be helpful as they could provide critical comment 'to someone who may take offence'.

Figure 35: The value of the research feedback loop (students)



Sample comments:

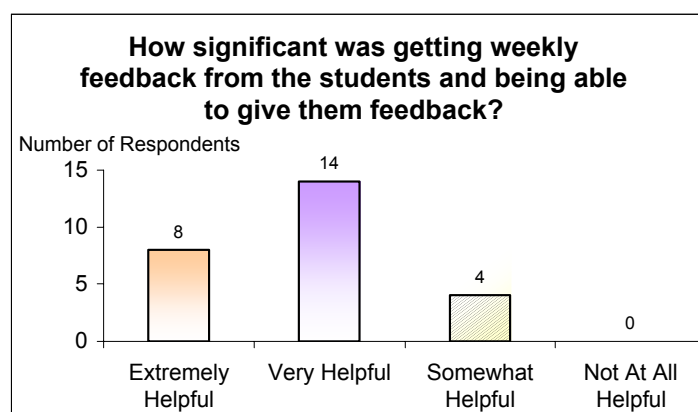
- *Allowed opportunity to gain insight into what preceptors thought.*
- *Nice to know what they were feeling.*
- *It was nice to know the opinions of the preceptors, and how they perceived*
- *...we would like to know what we are doing wrong like to know what we are doing wrong or what we could change.*
- *Helped the students and preceptors to come to some understanding about what each expected. Helped to make the next week of prac better as the awareness of the students 'wants' was raised.*
- *We knew each other stood, so we could changed what needed to be changed to get the best outcome.*
- *It was useful information because I think it provided myself with confidence as all the feedback was positive.*
- *Helpful knowing what I needed to improve on.*
- *Good to know what they were understanding about our capacity as students.*
- *It told the nurses what we did and didn't like in a nice way.*
- *It's good being able to communicate in such a way without having to say your issues to someone who may take offence.*

- *I think this improved and sorted out issues of concern without feelings of being intimidated for airing these concerns.*
- *It was great because we could say things in the meetings that we couldn't say to the preceptors, and on 'filtered' version would be passed on to them.*
- *A good way to get things across with out the confrontation.*
- *Did not really receive much feedback but apparently our feedback was discussed and acted upon.*
- *I didn't feel that they gave much feedback and at times I was left wondering what they wanted from me.*

Preceptors

Figure 36 indicates that 85% of the preceptors rated the opportunity to provide and receive feedback from the students as either extremely or very helpful (n=22). The preceptors' comments were positive, showing that they welcomed the opportunity to gain insight into how the students' were coping so they could better "*meet student needs*". Another theme that arose in the preceptors' comments was that receiving feedback from the students promoted critical reflection within the group.

Figure 36: The value of the research feedback loop (preceptors)



Sample RN comments:

- *Able to get feedback from the students so to eliminate problems and encourage that we're on the right track.*
- *It provided me with insight to student's needs and any problems they had or may have had during their placement.*
- *Good to know how they felt.*
- *You knew what areas they needed more or less attention in.*
- *It allows us to get an idea of what the students need from their practice and allows us to address any issues that arise in a non-threatening way.*
- *Able to respond to needs more appropriately.*

- *Could more feedback be given especially for problems.*

Sample EN comments:

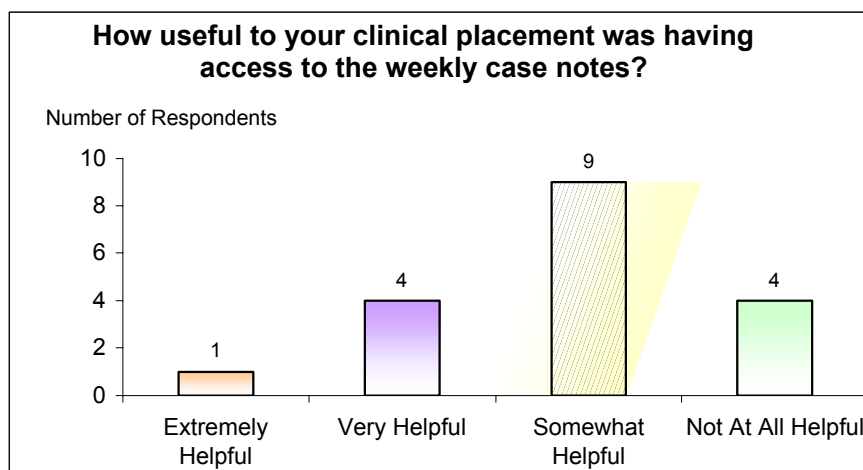
- *Feedback loop able to meet student needs.*
- *Self reflection and how can I improve and help the process evolve effectively for the next week/s.*
- *Feedback provided me with the opportunity to look at what I had been doing. Enabling me to attempt to meet their needs.*
- *Very interesting to hear how they were coping and managing.*
- *To enable to improve on strategies – what worked – what didn't. Almost like an unspoken go between.*

Value of the weekly case-notes

Students

From Figure 37 it can be seen that 72% of the students found the weekly case notes to be either somewhat helpful or not at all helpful (n=13). This finding may be linked to the problems that the students initially experienced in accessing the case notes which reflects the poor IT infrastructure in the RCFs, as outlined in Section 6. This proposition is supported by the negative comments made by the students below. Despite this finding the students also made positive comments that indicate that they valued having access to the weekly case notes (see below).

Figure 37: Value of the weekly case notes (students)



Sample comments:

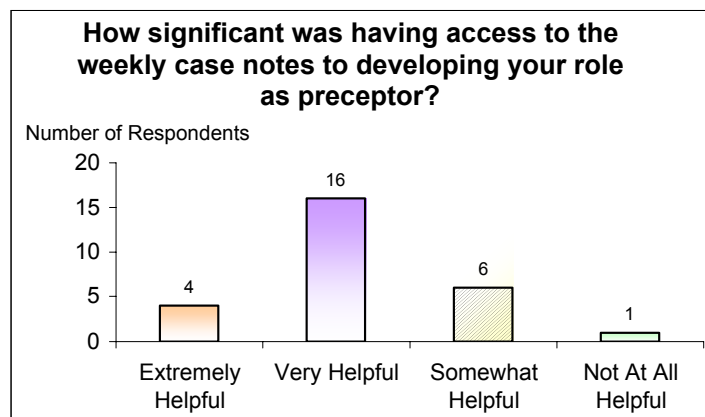
- *Helpful, referring back to what was said at the last meeting helped gain an insight to what I actually had been doing during my placement.*
- *It helps keep track of the progression through prac and how the issues develop. It identifies areas to talk about at the next meeting.*
- *After reading them I felt that maybe I was asking for too much, and maybe I should just be happy with what I was given.*
- *It helped me see that maybe my time could be better if I took some initiative.*
- *It was good to be able to go over what was said.*

- *Just reinforced what was discussed in meetings.*
- *Was unable to access them but didn't find it a real problem.*
- *Notes were not always available prior to meeting.*
- *I did not have a great deal of access to the case notes because my shift started in the afternoon and I was unaware of their arrival.*

Preceptors

Unlike the students, 75% (n=20) of the preceptors indicated that having access to the weekly case notes was either extremely helpful or very helpful (see Figure 38). Comments made by the preceptors indicated that the case notes helped to reinforce and remind them of important issues discussed in the meetings and that they also promoted self-reflection. Some comments also reflect the frustration that the preceptors experienced in accessing the notes because of IT infrastructure issues within the RCFs. (similar to comments made by students above).

Figure 38: Value of the weekly case notes (preceptors)



RN comments:

- *As a reminder of what was discussed.*
- *It was interesting to read how the week had gone and to think about it in your own time – would have been much better if able to have notes earlier.*
- *Gave an overview of feelings.*
- *Reinforced what was said as you get a bit nervous at the time and don't often take it all in.*
- *They usually arrived too late to read prior to meetings.*
- *Reminded re previous discussions – useful read to keep highlighting problems encountered.*
- *Reaffirmed matters discussed. Showed improvements from previous week, showed any unaddressed issues.*
- *Able to review previous discussions and issues. Reinforce what has been said. Able to rethink what was said in terms of 'issues'....*
- *... really gave me triggers for reflection.*
- *They usually arrived too late to read prior to meetings*

EN comments:

- *Helped plan a course of action for the week.*
- *Great, time to reiterate time to review, follow up with thoughts.*
- *To reflect on my role and learn from it.*
- *To be able to reflect back on what we had talked about, as its hard to remember all what has been discussed.*
- *Found that I could remember most things discussed and I only had access to the notes on the day of the meetings anyway.*
- *To be able to reflect upon what others had said, believed etc.*
- *I only had access to the notes on the day of the meetings.*

9. Discussion & Recommendations

Introduction

This report addresses the experiences of three groups of RN/EN preceptors and the student nurses they worked with while on placement in six residential care facilities. In Stage one of the project the aim was to scope the field to identify issues which either facilitate or impede teaching and learning. Consequently, a key focus of this discussion and the associated recommendations that follow is to identify strategies to address the problems identified in Stage one with the intention of implementing these strategies in Stage two of the project. Additionally, consistent with the findings presented in sections six of this report, the discussion addresses a range of issues, which while not directly related to the education of student nurses in RCFs, certainly impact on the quality of their experience. Addressing these issues will require interventions beyond the scope of this project.

Project findings & recommendations

The context of aged care

Recommendation 1

That the Registered Nurses and Enrolled Nurses involved in Stage one of the project continue to meet together on a weekly basis in Stage two, to discuss their practice as preceptors.

The findings demonstrate that both the students and their preceptors had a high level of commitment to participating in the project. The participation of the RN/EN preceptors was particularly noteworthy. The literature highlights that nurses struggle to leave their wards to attend meetings within their facilities (Robinson, 1995; Street and Robinson, 1995; Robinson & Street, in press), let alone travel to another facility some distance away as was the case in this research. An 85% meeting attendance rate among the preceptor groups is nothing short of remarkable given that these involved-nurses were required to travel a significant distance to attend the project research meetings. While comments made in the context of the meetings indicate that the participants were committed to aged care, their continued attendance over the five weeks of Stage one demonstrated that this commitment was far more than mere rhetoric. Similarly, it demonstrates the commitment of their employers to the project and its focus in developing key sites of teaching and research in aged care in Tasmania. Indeed, it was their employers who facilitated their participation and travel to meetings, as well as providing the necessary infrastructure to make this possible.

Given the findings above it is not altogether surprising the evaluation demonstrated that both students and preceptors found participation in the project valuable — after all, why would they go to so much effort to attend if the experience was not worthwhile? Of particular significance, the findings indicate that through their participation the RN/EN preceptors improved their knowledge of and confidence in being a preceptor. Similarly, their comments with respect to critical reflection (p.70) indicate that participation in the project caused them to reconsider and reflect on their practice as aged care nurses. Participation in the project also promoted them to become more proactive in pursuing professional development opportunities and feeding an aspiration to improve their practice. Indeed, their comments suggest that they had a strong desire to become more professionally engaged, as one

respondent commented, to ‘attain increased knowledge.’ These findings further reinforce those made in the ‘Making Connections’ project and demonstrate the importance of providing ongoing support to preceptors working with under graduate students in practice.

Recommendation 2

Efforts need to be made to create opportunities for aged care nurses to meet in a professional context to facilitate collegial relationships/networks to explore and develop their practice

Recommendation 3

Additional funding, beyond the Building Connections project, should be provided to further develop both the capacity and sustainability of the industry partners to function as ‘Teaching RCFs’ and key sites for teaching and research in aged care in Tasmania.

The findings indicate the importance of aged care nurses having an opportunity to meet together to discuss practice issues. The participants’ comments suggest that in the course of a normal working day they appear to have limited opportunities to interact with colleagues. The findings also highlight that nurses in RCFs appear to work in relative isolation within a context characterised by limited professional engagement. Indeed, the nurses spoke of being *‘like ships in the night’* within their facilities. It is likely that the staffing constraints associated with the funding model applied to aged care mean that on a day-to-day basis nurses working in the sector primarily interact with unregulated workers who have minimal training (ECAs) and no professional base. This has created a situation where these nurses have limited opportunities to interact with their professional colleagues. Given this, it is not surprising that the nurses involved in Stage one of this project found the research meetings valuable and rated the ability to share and discuss aspects of their experience as preceptors working with students as being extremely helpful to very helpful.

Moreover, it is apparent that the very act of working with students provoked professional development. Comments made in the evaluation in response to the question asking the nurses to list their most enjoyable experiences, illustrate that they appreciated the stimulation and professional interaction associated with the presence of students. This finding suggests that having student nurses on placement in RCFs, where their preceptors are well supported, represents a key strategy in promoting professional development in the sector. As in the case of health care where ‘teaching hospitals’ are the key sites of teaching and research in the acute care sector, it is arguable the aged care sector would benefit through the development of ‘teaching RCFs’ as sites where research and best practice are developed and prosper. As such, the findings support the key focus of this project, which is to explore the possibilities for developing key sites for teaching and research in aged care.

The findings also illustrate the benefits associated with bringing aged care nurses from different facilities together. The preceptors’ comments, made in the context of the research meetings, indicate that they greatly appreciated the opportunity to meet and discuss issues with their colleagues from another RCF. Indeed, the data indicates that this was the first time these nurses had met with colleagues from another RCF in a professional context. While there are well-developed networks among managers and senior staff in aged care, it is apparent that such networks do not extend to nurses ‘working on the floor’. In this sense the findings of Stage one provide a fascinating insight into the relative isolation of aged care nurses and their limited opportunity to network with colleagues.

The importance of such networks is evident in the study findings, which indicate that having the opportunity to meet their colleagues, both within and across facilities, provided a key impetus for professional development among the nurses. Benefits accrue when nurses

working in different contexts come together to compare issues in their respective facilities and collaborate to develop and implement strategies to promote best practice. In this study such developments were apparent not only in their sharing strategies to promote teaching and learning across facilities, but also a resolve on the part of at least two of the groups to pool resources at the end of Stage one to develop a collaborative professional development in-service program. Such developments assist in breaking down what appears to be a pervasive yet largely unrecognised professional isolation of nurses working in the sector. Moreover, in a sector that is reported to be struggling financially (Hockley & Frenkel, 2004), pooling resources across facilities to promote and facilitate nurses' engagement in professional development activities has the potential to develop significant financial benefits, which should help build sustainability.

The study findings indicate that it is imperative that the above developments continue to occur in RCFs. While aged care appears to have a less than positive image within nursing and the wider community, a point acknowledged by the participants, the findings indicate that there is indeed some way to go in terms of meeting standards of excellence. The students involved in this project provide stark insights into occasions where they witnessed less than best practice in the facilities, as well as highlighting concerns with shortcuts. Their comments are supported by the RN and EN preceptors who acknowledge that the students act as a stimulus to improve their practice – or in the words of one participant *'to check what you are doing all the time.'* It is fascinating that some preceptors expressed concerns about their capacity to stay *'up to date'* while working as a nurse in aged care — reflected in the comments of one participant who queried her need for *'a bit of a refresher course'*. Such comments further illustrate the imperative to promote opportunities for professional development among the staff in RCFs. They also speak to the sense of isolation experienced by aged care nurses and the subsequent undermining of confidence associated with a relative absence of professional engagement. However, in part this also reflects the fact that the facilities involved in this project had only recently taken students on placement and as such had been isolated from a teaching milieu and associated professional stimulus that accrues through involvement in undergraduate nursing education.

Recommendation 4

Investigate student perceptions of the role of a registered nurse in aged care and how these perceptions match their understanding of their own role and function following graduation.

Recommendation 5

That funding be applied to a national project to examine the role of the registered nurse in aged care with a specific focus on their involvement in the provision of nursing care to residents and the supervision of unregulated workers. This project should build on the evidence arising from the 'Building Connections' project.

Like their colleagues involved in the 'Making Connections' project (Robinson, et al., 2002), the findings of this study indicate that student nurses struggle to conceptualise the role of the registered nurse in aged care. It is concerning that students perceive the RN role as being distinct from the provision of resident care. Rather, they saw this critical function being performed by unregulated workers, while the nurses were seen to be primarily concerned with drug administration, documentation and the conduct of procedures. Such findings are supported by those from the 'Making Connections' project (Robinson. et al, 2002), as well as a number of other studies, all of which suggest that the students' observations may not be too far from the truth (Menzies, 2002; Cheek et al, 2002; Jongeling, 2001).

This is concerning on a number of levels. Firstly, if it is unregulated workers who provide the most care to residents in circumstances which generally involve limited supervision or

input as Menzies (2002) reports, this is cause for concern. Secondly, the fact that students report this impression must also have implications for recruitment and retention into the sector. It begs the question: why would students be interested in working in an environment where it appears they will have limited contact with residents and by implication a limited capacity to provide ‘care’, a practice which lies at the very heart of nursing (Benner, 1989). Combined with the concurrent perception that RNs have an unreasonable scope of responsibility, which a number of students described as ‘scary’, adds to the problems associated with marketing aged care as a viable workplace for new graduates. Given a key interest of the Commonwealth Aged Care Nursing Scholarship Scheme (CACNSS), and by implication this project, is to promote the recruitment of graduate nurses into aged care, this finding is of particular concern. If the students do not perceive the role of a registered nurse in aged care to be congruent with their perception of their role following graduation, this raises a fundamental obstacle to encouraging new graduates to work in the sector. Clearly this is an area for further research at a national level to investigate this issue.

Recommendations 6

That the involved RCFs ensure that computers with internet access and printing capability are available to staff and students in a secure location where the confidential case notes can be downloaded and printed.

Recommendation 7

That an Australia-wide audit be undertaken to determine the capacity of the IT infrastructure in RCFs and the level of IT literacy of staff working in the sector.

The project findings also revealed concerns regarding communication within the involved RCFs. For example, the imperative to distribute the weekly case-notes to the research participants revealed significant gaps in the IT infrastructure of the participating RCFs, as well as a relative lack of IT competency among the RN/EN preceptors. This is of concern given the impetus from the Commonwealth to use the internet and IT infrastructure as a key strategy to facilitate professional development in the sector (Australian Department of Health and Ageing 2003). Moreover, given the representative nature of the participating RCFs involved in this study, there is no reason to believe that other RCFs would be better resourced regarding IT access. Nevertheless, the findings of this study suggest that an audit of RCFs in Australia should be undertaken to determine their IT infrastructure capacity and the level of IT literacy of staff working in the sector. An audit would allow the development of IT infrastructure standards which could be applied across the industry. However, with respect to the second Stage of ‘Building Connections’, it is imperative that each of the involved RCFs ensure that computers with internet access and printing are available to staff and students in a secure location where the confidential case notes can be downloaded and printed. The importance and benefit associated with the case-notes is reflected in the project evaluation (p.82), particularly with respect to the RN/EN preceptors.

Facilitating teaching and learning in RCFs

Recommendation 8

Extended Care Assistants (ECAs) who work with students on placement in RCFs need to receive up-skilling regarding:

- **the students learning needs; and**
- **the appropriate focus and strategies to facilitate teaching and learning with undergraduate nursing students.**

Recommendation 9

Preceptors need to actively support the integration of ECAs into the nursing team in RCFs and thereby support them in their work with students. Funding possibilities should be examined to support the up-skilling of ECAs to facilitate such developments.

Recommendation 10

The School of Nursing should address the issue of working with ECAs with all students on placement in RCFs.

The division of labour in aged care, conceptualised by the students and outlined above, is further supported by the degree to which they worked with unregulated worked (ECAs). Our findings indicate that students spent up to 20% of their time with ECAs (Appendix 2) and that this work is primarily oriented towards the provision of resident care. Their comments indicate that this is a less than satisfactory arrangement and that in general the ECAs are unprepared to supervise undergraduate nursing students. In many respects it is not surprising that students struggle to accept that working with these staff is legitimate in the context of their training to become registered nurses. Indeed, it is reasonable to question the appropriateness of this arrangement if ECAs have such limited preparation. However, the comments of some students and preceptors indicate that working with ECAs can be a positive learning experience if structured appropriately. That is, if the ECAs:

- understand the students learning needs;
- have some input regarding the appropriate focus and strategies to employ when teaching students; and
- in circumstances where they are appropriately supported by their RN/EN preceptor supervisors.

The necessity of ECAs receiving this preparation prior to working with students in RCFs was specified in the report of the ‘Making Connections’ project (Robinson et al., 2002) and reinforced in the findings of this research. These findings clearly illustrate that it is not appropriate, as one student described, to ‘dump’ students with ECAs. Equally, it is important for students to be given the opportunity to discuss the legitimacy of working with ECAs and how this might be beneficial. The School of Nursing probably has some responsibility in this area, as do the RCFs. The same can also be said regarding the preparation of ECAs with respect to the students leaning needs. Whatever the case, it is clear that RN/EN preceptors will need to take a key role in facilitating the integration of ECAs into the teaching team. As demonstrated in the ‘Making Connections’ project and in some instances in ‘Building Connections’, if structured appropriately working with ECAs can be a productive and worthwhile experience for undergraduate nursing students.

However, it is important to recognise that Building Connections also opens up the opportunity to up skill ECAs so they can be more effectively integrated into the nursing team and thereby are better positioned to support students. While such developments are beyond the scope of this project, given the emerging educative culture within the participating RCFs, they are well positioned to facilitate an ECA up skilling program. Funding possibilities should be examined to facilitate this.

Recommendation 11

Appropriate TSoN teaching staff should consult with members of the ‘Building Connections in Aged Care’ research group(s) to revise the documentation sent to aged care providers regarding students on placement, so that it better meets the information needs of staff.

Recommendation 12

Members of the TSoN should meet with members of the ‘Building Connections in Aged Care’ research group, and other staff, in each RCF to disseminate information and discuss the student’s previous experience and learning needs. The first of these meeting should be held at least 6-8 weeks prior to the students entering practice, to enable the RCF staff to plan the practicum (see below regarding orientation and rostering).

Recommendation 13

In each RCF a member of the ‘Building Connections in Aged Care’ research group should be nominated/volunteer to act as the ‘link person’ to liaise between the DON/TSoN and members of the other research groups, to ensure the ongoing dissemination of information from the TSoN

Recommendation 14

In consultation with the DON, the members of the Building Connections in Aged Care research group in each RCF will hold meetings with other staff who will work with students on placement in the facility. At these meetings they should discuss the students’:

- **previous experience;**
- **learning needs; and**
- **strategies to facilitate teaching and learning.**

An unexpected finding of the project relates to the problems with communication of information about students to staff who worked with them in the RCFs. It was apparent that despite what was seen as the best efforts of TSoN staff, information relating to the students’ prior learning and needs did not reach many of the RN/EN participants and that this communication breakdown significantly undermined the ability of aged care staff to appropriately structure their teaching of students. Similar to the ‘Making Connections’ project (Robinson et al, 2002), the findings of this study reveal that if staff in aged care facilities do not have a good understanding of students’ prior experience and learning needs, this will compromise the quality of their educational experience and by implication the value to which they attach working in aged care. The project report noted the importance of preceptors acknowledging that students have varied backgrounds and the imperative that preceptors ‘have a good understanding of students’ past experience when developing and implementing strategies to facilitate teaching and learning’ (Robinson et al, 2002:3). Not surprisingly, the lack of access to information also impacted on the degree to which preceptors could prepare other staff to teach students.

Given the extent and nature of the problems outlined above it is reasonable to suggest that new arrangements for communication of student information between the TSoN and RCFs be developed. The work of one research group, documented briefly in the report (see ‘Staff knowledge of students learning needs and capacity’) provides an appropriate model. In this model one preceptor in each group would take on the role of a ‘link person’ who would liaise with the RCF DON (the first point of contact for the TSoN), to take responsibility for the dissemination of information to all research group members. The members of the research group should then set up meetings to ensure the ongoing dissemination of this information to other staff who have worked with the students. Additionally, given the low impact of information supplied by the TSoN regarding students, most evident in the preceptors’ comments, this indicates that the information supplied did not make a big impression and suggests that this documentation requires modification and/or development. Also, meetings between the TSoN and staff in each of the RCF need to be conducted at least once prior to

each student placement to discuss their learning prior experience and learning needs. Necessarily, this meeting(s) should be conducted within a time frame that allows each RCF to plan the students' placement in their facility. The following recommendations build upon and support recommendations 4 & 5 above.

Recommendation 15

In consultation with the DON the members 'Building Connections in Aged Care' research group in each RCF should develop a plan for the orientation of students into the facilities. In consultation with the DON this plan should include the following:

- **The development of an orientation checklist and information kit informed by the project evaluation outlined in table 4;**
- **A member of staff in each RCF being given responsibility for coordinating the orientation of students and the dissemination of information regarding their arrival to staff in the facility;**
- **A member of the 'Building Connections' research group being allocated as the primary preceptor for each student to facilitate their orientation in collaboration with the orientation coordinator; and**
- **Students should commence work in the facilities at a time other than 7.00 am and if possible they should be allocated to their primary preceptor on the day of their arrival – rosters should be developed accordingly.**

The communication problems outlined above highlight problems with planning the students' practicum within a number of the participating RCFs. This was no more evident than in the area of orientation. The 'Making Connections' project (Robinson et al, 2002) made explicit the importance of welcoming and making the students feel accepted within RCFs. This was acknowledged as being critical to facilitating teaching and learning and the preceptorship process. The findings of Stage one of the 'Building Connections' project suggest that students had a varied experience with respect to orientation and that when it was good it was very good and when it was bad it was terrible — the spectre of students being shut out of rooms on arrival is hardly welcoming. The fact that students had such different experience of orientation is all the more concerning given the preceptors addressed this issue in the first research meeting and openly acknowledged the importance of making students feel welcome into their facilities. Therefore, it was clearly not a lack of recognition or intent that resulted in the significant problems experienced by some students. Rather it emerged that this resulted from poor planning and communication. In part, this is understandable given that the first research meetings in the project were held the week before the students arrived in the facilities. This meant the preceptors had, at best, a limited opportunity to plan an orientation. However, this also reflects a reality where RCFs historically had minimal involvement with students, so the importance of providing a comprehensive orientation to welcome students into the facilities may not have been fully recognised. The project evaluation addressed the issue of orientation and revealed in Table 4 (p.??) that key issues were generally not addressed. This evaluation provides a blue print for each RCF to develop an orientation checklist to ensure that students receive the appropriate information on arrival. It is clear that the RCFs must devote more energy and resources to planning orientation. Moreover, given the experiences of both students and preceptors documented in section seven of this report, it is evident that starting their first day at 7.00 am is inappropriate. Similarly, it is imperative that, as a part of the planning process, individual preceptors should be allocated to specific students and that the nursing rosters need to be constructed to facilitate this.

Recommendation 16

To facilitate continuity between students and their preceptors:

- **In consultation with the DON members of the ‘Building Connections in Aged Care’ research group in each RCF should target staff in their facilities to act as secondary preceptors to students. These staff should be actively encouraged to participate in preparatory sessions conducted in the RCFs prior to the students’ arrival (as outlined above);**
- **The preceptors’ rosters, in the first two-weeks of the students’ practicum, should be developed well in advance of the students’ arrival in the facility to ensure the greatest level of continuity is possible between preceptor (primary and secondary) and student. If possible, primary preceptors (as members of the research group) should suspend their annual leave and night duty rotations during the period of the students’ practicum;**
- **The students’ roster should be developed to match as closely as possible with that of their preceptor(s). The TSoN should play a key role in ensuring students’ know their rosters as long as possible prior to commencing the placement and that they understand the importance of having continuity with their preceptor(s); and**
- **At the end of the second week of the practicum the preceptors should negotiate with students to structure learning activities for the following week. This may include a change of area.**

A key issue to be addressed in Stage two of the project relates to improving the level continuity between students and preceptors — that is, the degree to which students work with the same preceptor over the course of the practicum. The ‘Making Connections’ project (Robinson et al, 2002:7) recommended that in future projects there needed to be ‘a concerted effort to achieve a high level of continuity between students and their preceptors’. This was important because as outlined in that report, continuity ‘allowed the preceptor and preceptee to develop a rapport and a sense of collegiality that assisted the students to gain confidence and facilitated the achievement of competence’ (Robinson et al, 2002:3). The report also stated that continuity between student and preceptor ‘enabled preceptors to more readily assess student progress and thereby facilitate opportunities for teaching and learning in response’ (Robinson et al, 2002:3). Similar findings are evident in the ‘Building Connections’ project. These findings illustrate that when there is a reasonable level of continuity between preceptor and student, opportunities for teaching and learning flourish. Indeed, comments made by students indicate that when they worked with the same preceptor over time they felt more confident and had a real sense that this facilitated the development of their competence in practice. To achieve this will require considerable forward planning to ensure that students are rostered to work with the same preceptors. In this sense, the individual student and preceptor rosters need to be developed to maximise the opportunities for continuity between the two. While there is always the possibility that the two will not get on and that working with the same preceptor might have a negative effect, our experience over a number of similar projects indicates that this rarely, if ever, happens and that problems can be quickly and easily resolved (Robinson et al., 1999; Robinson & Di Cocco, 2002, Robinson et al., 2002). Furthermore, if the RCFs are to assume the role of teaching facilities (similar to a teaching hospital), then the education of students should take a priority and the work patterns of staff acting as preceptors to students should take this into account with respect to rotations onto night duty and annual leave. This may seem like a radical and somewhat unreasonable suggestion however, it is not unusual for nurses to structure their rosters in response to specific activities (ie. accreditation). In this case what is required is to add the rotation of students through the facilities as a key event and for this to be reflected in the staff rosters. Similarly, the TSoN has a role in helping students understand that they too

have a responsibility to facilitate continuity with their preceptor and need to adjust their private lives and outside work commitments accordingly. If they are given sufficient notice, this should be possible. It is certainly a strategy that should be trialed in Stage two of the project.

While developing sympathetic rosters is central to achieving continuity, the part-time nature of the aged care workforce, evident in the small numbers of nurses employed full time in the participating RCFs, represents another significant constraint. Given this staffing profile, in Stage two of 'Building Connections' it may be necessary for students to be allocated both a primary and secondary preceptor, similar to the arrangements outlined in other projects (Robinson et al, 1999; Robinson & Di Cocco, 2002). In this situation a student is allocated a primary preceptor who takes a key role in facilitating their clinical learning. A secondary preceptor (who may not be a participant in the research group) collaborates with the primary preceptor to support the student in the absence of the latter. The two work together and communicate regularly to ensure opportunities for teaching and learning are maximised. Inevitably, this arrangement requires facilities to target staff who have an interest in working with students.

Interestingly, the project findings also reveal that not only should there be continuity between preceptor and student, but also continuity of the areas in which students work. The findings illustrate that while students were moved to different areas within the facilities, in a well intentioned attempt to broaden their experience, this often had a disorientating effect. This is especially the case in the context of a relatively short three-week clinical practicum. While giving student some diversity of experience is worthwhile, it is reasonable to suggest that in the first two weeks of the practicum the students should remain with the one area to 'find their feet'. Following this, a change in the third week can be the subject of negotiation between preceptor and student.

Recommendation 17

That the fourth generation evaluation method utilised in Stage one of the project be adopted in Stage two.

Recommendation 18

That each RCF develop a list where each resident's diagnosis and key treatments are documented.

Recommendation 19

That each RCF develop a 'duty plan' which outlines the organisation of work in the facilities and key activities for each shift.

Recommendation 20

That each RCF identify a key member of the research group to facilitate additional debriefing sessions for students. It is recommended that students have at least two of these sessions each week.

Finally, the project evaluation reinforces the efficacy of the fourth generation evaluation method in facilitating preceptorship in RCFs. As discussed above, it is evident that meeting together on a weekly basis was valuable for both students and preceptors. Similarly the evaluation demonstrates that the feedback loop was effective in orienting the students and preceptors to each of their points of view, thereby facilitating teaching and learning. For example, as outlined in section six of this report, the student feedback resulted in staff in one RCF recognising that students struggled to identify residents during the drug round — they needed more accessible information regarding resident diagnosis, so they could more readily make the link between the resident's condition and treatment. Similarly, in another RCF

students requested information regarding the organisation of work in the facility because they were feeling somewhat disorientated. The provision of what is termed a ‘duty plan’, which outlined the sequence of key activities in the RCF, proved to be a valuable tool to assist students to become acquainted with the facility organisation and work practices. This is a useful tool that could be well applied across all of the involved RCFs.

Furthermore, given the sometimes confronting and very different nature of aged care nursing, the students may need more frequent opportunities to debrief and discuss their experiences. Discussions in the project steering committee indicate that the DONs of each facility believe they have the resources to facilitate additional meetings with students other than those conducted as a part of this research. Therefore, it is recommended that a key staff member in each RCF, preferably a member of the research group, hold meetings with students on a regular basis. This will allow the RCFs to further demonstrate their commitment to the students and the facilitation of teaching and learning in their facilities.

Conclusion

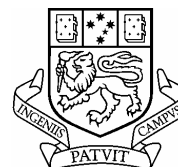
This report addresses the findings of Stage one of the project, where the primary intent was to scope the issues which impact on teaching and learning and the capacity of the involved RCFs to support an educative agenda. As the findings demonstrate, because the researchers had an ongoing and intense involvement with students and nurses in the context of the research meetings (five preceptor and three student meetings in each region — a total of 24 meetings), many issues were revealed in the research discussions. Furthermore, the collaborative interactive methodology used to facilitate the project, supported the participants’ sense of ownership and their desire to flesh out and address the issues raised. Consequently, the findings presented in this report provide a unique insight into the operation of residential care facilities not previously documented in the literature.

Moreover, the findings have high-level applicability both within Tasmania and nationally. The involved facilities are representative of RCFs because they are located in both rural and urban environments and vary in size and the services they offer. Similarly, like many aged care contexts, the RCF industry partners involved in this project have three to four undergraduate nursing students on clinical placement at any one time. This means the strategies developed in this project will have wide spread applicability to other RCFs both within Tasmania and nationally.

Stage two of the project will explore possibilities for developing the capacity of the industry partner facilities to function as ‘teaching RCFs’. Stage three will extend this agenda to build their capacity as research active institutions. The intent is to develop an internally supported and transferable model designed to build capacity to support a sustainable culture of research, teaching and learning within residential aged care. The development of RCFs with a strong educational and research culture is a key strategy to promoting recruitment and retention of nurses into the sector, as well as the implementation of evidenced based practice in aged care.

10. Appendices

Appendix 1



Tasmanian School of Nursing

School of Nursing
Faculty of Health Science

Staff member

«Addr»

«Addr2»

«Addr_3» «Pcode»

27th August 2003

Dear preceptor,

Thank you for your willingness to be a clinical teacher for the second year student from 29th of September to 17th of October 2003.

This placement focuses on the planning and provision of nursing to patients in acute care and community settings. Building on the knowledge base of semester one in semester two the students have been utilising a problem based learning approach exploring case studies of people with complex care needs.

It is expected that students will wish to consolidate their skills in the assessment, planning, implementation and evaluation of holistic care. They will value the opportunity to continue to practice their nursing skills acquired in the first semester:

- Observations
- Documentation
- Wound management and aseptic technique
- Standard precautions, manual handling and occupational safety
- Personal care and hygiene needs
- Oxygen therapy

and play a more active role in the administration of medications under the direct supervision of the registered nurse.

Whilst in clinical practice the student will be collecting data and researching the care of one individual patient as the basis of a clinical inquiry which will be submitted to the TSoN for grading on completion. This assignment should not take students away from clinical

practice. This semester we are not requiring the students to complete episodes of practice but we will be assessing the students in the four domains and against the ANC competencies.

I have included a copy of the course outline for your interest which contains a copy of assessment tool, which is the same as semester one. I have added for your interest a guide for evaluating student nurses

I have included a list of the students' names and photos where available. I do not believe that we need another orientation as the students and clinical teachers seem confident. If however you need to discuss the arrangements or would like to meet please contact me.

I will be referring the students to you to arrange shifts and rosters.

Most importantly the 24 hour phone service number has changed. It is now **0400 584 773**. Please remind students to phone both this number and you if they are to be absent from practice.

The last three week clinical practice was a resounding success. The students, facilities and clinical teachers worked together to produce a quality learning experience. Thank you for the valuable contribution that I know you will make.

Kind regards

Louise Venter
Coordinator
Supportive Care in Hospital & Community Settings

Appendix 2

Building Connections Supervisor Log September/October 2003

Summary

The analysis of the Tasmanian School of Nursing (TSoN) Supervisor Log September/October 2003 was one facet of the data collected for the Building Connections in Aged Care Project.

There were a number of limitations of the data set that hindered the identification of the main effects and did not allow generalisations about the students' clinical practice regimen to be drawn. However, preliminary information regarding the levels of undergraduate student supervision and shift distribution were established.

Introduction

The use of logs or diaries in research has been well established and their limitations have been documented. Logs provide qualitative and quantitative data however, the former can be difficult to analyse because coding the data is complex process. Additionally, the data is collected retrospectively and relies on the participant's interpretation and memory of events and activities.

One of the aspects of the 'Building Connections in Aged Care' project was to establish who supervised undergraduate nursing students and the level of direct and indirect facilitation they received during their clinical placement. A supervisor log is one method of data collection which is designed to obtain information about the range of workers and types of activities a sample population are exposed to during a certain time frame.

Methodology

A Supervisor Log was employed in this study to gain information about the types of workers the second year undergraduate nursing students were assigned to during their clinical practice. Six residential aged care facilities participated in the study with two establishments from each of the three regions of Tasmania. The second year undergraduate nursing students were requested to complete the Supervisor Log during their second semester three-week clinical practicum. Each student was requested to complete one cell in the log which represented one hour for each shift they worked during the 15-day practicum. Students were requested to indicate the category of worker they were assigned to and to indicate the nature of the tasks, activities and procedures they undertook. Working alone or on unsupervised work and non-attendance information was also elicited. A coding key used for analyses of this data is provided in Appendix 2A.

Analyses were undertaken using SPSS (Macintosh version 7.0) and Microsoft Excel 2000. Raw data was also collated manually.

Results

Eighteen students completed or partially completed Supervisor Log cells for each hour, day and week of clinical placement.

Diagram 1 shows the distribution of shifts according to student participation. The majority of student shifts were early shifts (an average of 11.3 shifts per day) undertaken between 0700 and 1500 hours.

Diagram 1: Distribution of shifts according to student participation

	Day 1		Day 2		Day 3		Day 4		Day 5		Average	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Week 1	16	1	10	6	14	3	13	4	13	4	13.2	3.6
Week 2	11	4	12	3	14	1	12	3	13	1	12.4	2.4
Week 3	6	5	8	3	9	2	8	3	11		8.4	3.3
Average	11.0	3.3	10.0	4.0	12.3	2.0	11.0	3.3	12.3	2.5	11.3	3.1

Chart 1 indicates the number of hours that students reported they undertook with each category of worker when they were studying, absent or situation-unknown. Registered nurses (RN) are the category of worker that undergraduate students predominantly spent the most time with. There was a decline in

RN associated hours following orientation on the first day of week 1. The maximum participation regardless of time was 65% on orientation day. During each week RN involvement declined after day 1. Weeks 2 and 3 averaged similar levels of RN involvement.

Extended care assistants (ECAs) and enrolled nurses (ENs) also undertake between 5%-35% of supervision and allied health workers (diversional and physiotherapists) worked with students up to 13% of any day.

Chart 1: Percentage of student self reported hours according to category of worker

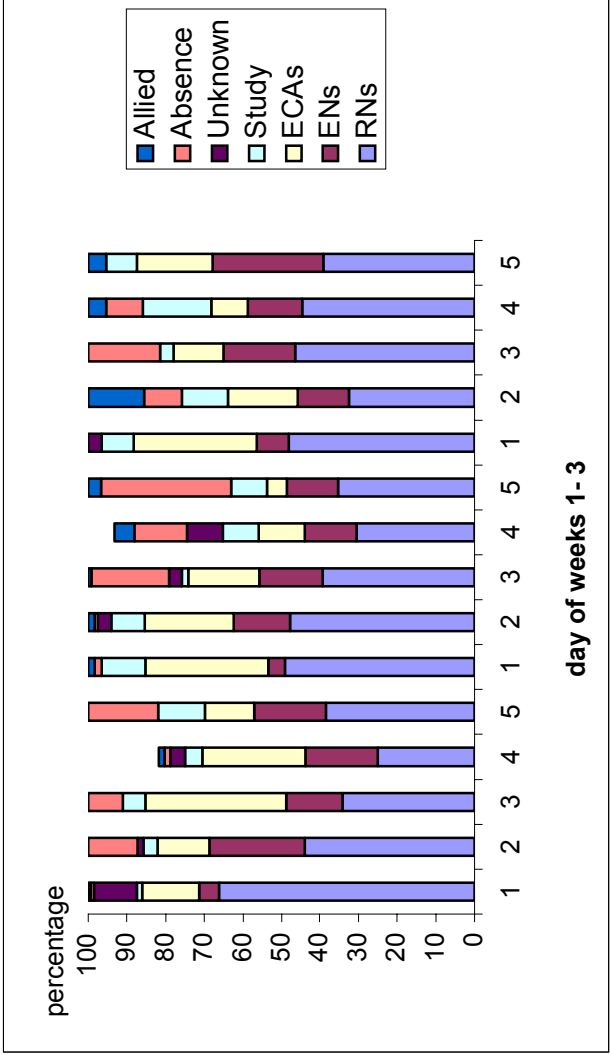


Chart 2 shows the proportion of hours that students reported they spent under direct and indirect supervision. Students reported that they spent approximately 27% of their time indirectly supervised by a RN (category 14). Fourteen per cent of their time was spent working under close supervision with an RN (category 11). A further 10% of their time was spent working indirectly with an ECA (category 34), 8% directly with an ECA (category 33), 7% indirectly with an EN and 7% directly with an EN. Direct and indirect supervision from diversional and physiotherapists contributed to 5% of student nursing activities. Chart 2 also includes standard deviation bars to indicate the level of variance between days.

Chart 2: Percentage of time under direct and indirect supervision reported by students

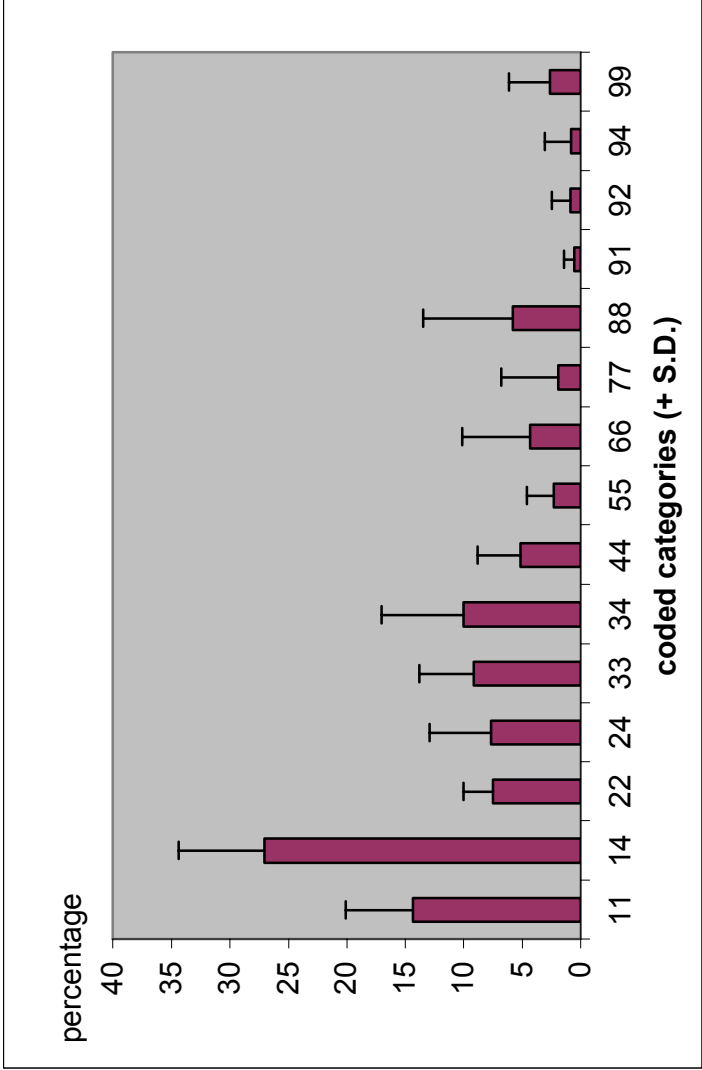


Chart 3 does not discriminate between direct and indirect supervision as the data has been aggregated into bulk codes. This chart shows the proportion of time that the students reported they spent with each category of worker, undertaking study, were absent or unknown. Students reported they spent 41% of their time under supervision of an RN, 15% with an EN, 19% with an ECA, 7% undertaking study and 2% with an allied health worker.

Diagram 2 shows the percentage of direct and indirect supervision of students by category of worker for each day of the three-week practicum. From the Diagram it can be seen that indirect supervision by an RN (category 14) was the most predominate form of supervision reported by students with a range of 17% and 37% supervision on any given day. Apart from day 1 (orientation), a further 8% - 18% of any day was spent working directly with an RN. Direct supervision by an ECA or EN ranged from 3%-16% and indirect supervision of an ECA or EN ranged from 0%-24%. Absenteeism ranged from 0%-27%. Students reported working alone (category 44) between 1% and 15% of any day. Private study (category 55) accounted for 8% of student time.

Chart 3: Pooled percentage of time under direct and indirect supervision reported by students.

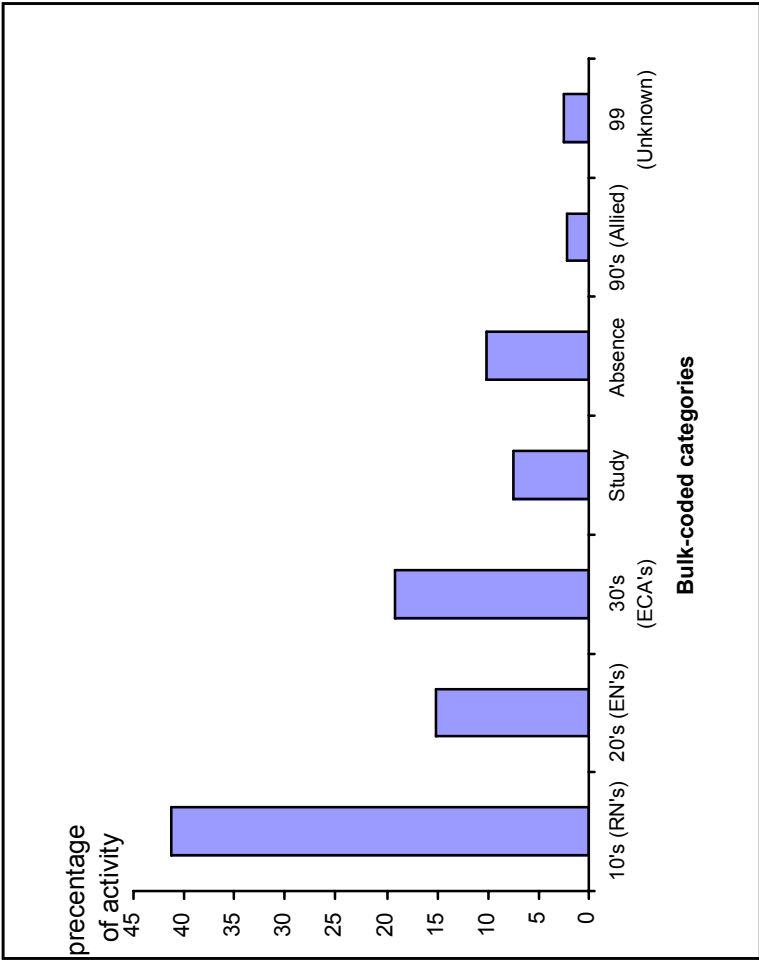


Diagram 3 shows that for each week indirect supervision by an RN was the predominant mode of supervision for student nurses (average 27%). Direct supervision by an RN averaged 14%. Indirect supervision by an ECA was 10%, direct supervision by an ECA 9%, and direct and indirect supervision by an EN was 8% each.

Diagram 2: Percentage of direct and indirect student supervision for each day with each category of worker

Category of Worker (code)	WEEK 1					WEEK 2					WEEK 3				
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 1	Day 2	Day 3	Day 4	Day 5	Day 1	Day 2	Day 3	Day 4	Day 5
11	32	13	12	8	8	12	15	15	18	13	18	10	9	13	17
14	35	31	22	17	30	37	33	24	13	22	31	23	37	32	22
22	5	8	4	9	9	4	9	5	8	9	8	5	10	7	13
24	0	16	11	10	10	0	6	12	5	4	0	8	8	7	16
33	5	7	12	12	4	16	16	16	10	3	8	10	5	4	8
34	10	6	24	14	9	16	7	3	2	3	24	8	8	6	11
44	1	4	3	3	4	9	5	2	4	7	6	8	3	15	8
55	0	0	3	2	8	2	3	0	5	3	2	4	0	2	0
66	0	13	0	0	6	0	0	7	7	7	0	10	19	0	0
77	0	0	0	18	0	0	0	0	7	0	0	0	0	0	0
88	1	0	9	2	12	2	1	13	7	27	0	0	0	9	0
91	0	0	0	1	0	0	0	1	1	2	0	0	0	2	2
92	1	0	0	0	0	2	2	0	2	2	0	6	0	0	1
94	0	0	0	1	0	0	0	0	3	0	0	8	0	2	1
99	11	1	0	4	0	0	3	3	9	0	4	0	0	0	0

Diagram 3: Percentage weekly distribution of direct and indirect supervision of students.

Category of Worker (code)	WEEK 1	WEEK 2	WEEK 3	AVERAGE	SD
11	15	15	13	14	0.7
14	27	26	29	27	1.6
22	7	7	9	8	0.9
24	9	5	8	8	2.0
33	8	12	7	9	2.7
34	13	6	12	10	3.6
44	3	5	8	6	2.6
55	3	3	2	2	0.5
66	4	4	6	4	1.0
77	4	1	0	2	1.8
88	5	10	2	6	4.1
91	0	1	1	1	0.4
92	0	1	1	1	0.7
94	0	1	2	1	1.2
99	3	3	1	2	1.5

Diagrams 4-6 show the proportion of students who completed their log for clinical practice during each hour of each day for each week of clinical practice. The shaded area indicates where there was no data recorded by students.

Diagram 4: Percentage of completion of clinical practice log by students for week 1⁹

Time	Day 1	Day 2	Day 3	Day 4	Day 5
0700	0	9	0	15	15
0800	0	9	0	15	15
0900	6	18	7	15	15
1000	6	18	14	15	15
1100	6	18	14	15	15
1200	6	9	14	15	15
1300	6	0	0	7	15
1400	6	0	0	7	14
1500	0	0	0	0	0
1600	0	0	33	0	0
1700	100	0	33	0	0
1800	0	0	33	0	0
1900	0	0	0	0	0
2000	0	0	33	0	0
2100	0	0	33	0	0

⁹ Percentages are calculated as the total number of students indicating a clinical practice in the log compared to the total number of students recorded as completing the. Shaded areas indicate times where no data was recorded by any student.

Diagram 5: Percentage of hours of completion of clinical practice log by students for week 2¹⁰

Time	Day 1	Day 2	Day 3	Day 4	Day 5
0700	27.3	16.7	14.3	33.3	23.1
0800	27.3	16.7	14.3	33.3	21.4
0900	36.4	25.0	14.3	33.3	21.4
1000	27.3	25.0	14.3	25.0	21.4
1100	27.3	25.0	14.3	25.0	14.3
1200	27.3	16.7	14.3	23.1	14.3
1300	18.2	16.7	14.3	14.3	14.3
1400	10.0	15.4	14.3	21.4	20.0
1500	25.0	0.0	0.0	33.3	0.0
1600	25.0	0.0	0.0	33.3	0.0
1700	25.0	0.0	0.0	33.3	0.0
1800	25.0	0.0	0.0	33.3	0.0
1900	25.0	0.0	0.0	0.0	0.0
2000	25.0	0.0	0.0	0.0	0.0
2100	25.0	0.0	0.0	0.0	0.0

Diagram 6: Percentage of hours of completion of clinical practice log by students for week 3²

Time	Day 1	Day 2	Day 3	Day 4	Day 5
0700	16.7	12.5	11.1	14.3	10.0
0800	16.7	12.5	11.1	12.5	9.1
0900	16.7	12.5	11.1	12.5	9.1
1000	0.0	0.0	11.1	12.5	9.1
1100	16.7	0.0	11.1	12.5	9.1
1200	16.7	0.0	11.1	11.1	9.1
1300	0.0	12.5	11.1	11.1	9.1
1400	14.3	0.0	11.1	11.1	9.1
1500	20.0	0.0	0.0	0.0	
1600	20.0	33.3	0.0	0.0	
1700	20.0	33.3	0.0	0.0	
1800	20.0	33.3	0.0	0.0	
1900	20.0	33.3	0.0	0.0	
2000	20.0	0.0	0.0	0.0	
2100	20.0	0.0	0.0	0.0	

Diagram 7 shows the proportion of students who documented activities undertaken on an hourly basis for each day of each week of clinical practice. The distribution of the log details was mostly completed by two students, with occasional comments by two others. No analyses are possible on this aspect of the data.

¹⁰ Percentages are calculated as the total number of students indicating a clinical practice in the log compared to the total number of students recorded as completing the. Shaded areas indicate times where no data was recorded by any student.

Diagram 7: Frequency of students indicating specific activities, tasks and procedures in log

	Week 1						Week 2					Week 3			
	Day						Day					Day			
Time	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
0700		1		2	2	3	2	2	4	3	1	1	1	1	1
0800		1		2	2	3	2	2	4	3	1	1	1	1	1
0900	1	1	1	2	2	4	3	2	4	3	1	1	1	1	1
1000	1	2	2	2	2	3	3	2	3	3			1	1	1
1100	1	2	2	2	2	3	3	2	3	2	1		1	1	1
1200	1	2	2	2	2	3	3	2	3	2	1		1	1	1
1300	1			1	2	2	2	2	2	2		1	1	1	1
1400	1			1	2	1	2	2	3	3			1	1	1
1500						1			1		1		1		
1600		1				1			1		1	1			
1700	1	1				1			1		1	1			
1800		1				1			1		1	1			
1900						1					1	1			
2000		1				1					1				
2100		1				1					1				

Discussion

There were a number of limitations with the dataset including a low number of respondents (n=18). This resulted in a lack of sufficient data to accurately or confidently analyse the data. Furthermore, there were too many variables for the low level of respondents which also contributed to the confounding effects of the data. The poor completion of logs by students does not enable a strong linkage between supervisor category and the actual activity undertaken by the student nurse to be made. However, the completed logs have provided information about what categories of workers supervised the students and a measure of the level of supervision has been made. It was also possible to determine the level of time the students spent undertaking private study and the degree of absenteeism experienced. Shift distribution of students within this clinical practice was also established.

Diagram 1 showed that students predominantly undertook shifts between 0700 and 1500 hours. During clinical practice students were most likely to be indirectly supervised by RNs (27%) while conducting their activities, tasks and procedures (Chart 2). Fourteen percent of student time was spent in direct supervision of an RN. Other categories of workers were also responsible for the supervision of undergraduate student nurses. ECAs were responsible for supervising almost one fifth of student time. Very little time was spent undertaking private study (3%). Additionally, students reported low levels of no supervision (5%) and sick leave (4%). Absenteeism was reported as 6% which may have included sick leave; however absenteeism due to illness was not captured.

Diagrams 4-6 indicate that shifts ranged from 0700 hours until 2100 hours which is a total of 14 hours per day. There were a considerable number of data points not completed by the students participating in this study. Analysis of the data is difficult because of these gaps which reduce the ability of the dataset to provide an accurate and cogent scenario of student supervision. A few students were meticulous in their accounts of clinical practice, whereas others completed only a few cells on any day (Diagram 7). A number of assumptions can be made to assist with drawing conclusions about the student experience in this study. However,

generalisations about the undergraduate nursing experience within aged care facilities are not possible from the analyses of this data. The high variability between hourly, daily and weekly counts required aggregation of data. Aggregation of data provided trends regarding the categories of workers that students were assigned to and whether they undertook unsupervised work or were absent. However, a lower level of detail in the data was lost (Charts 1-3).

Activities documented by students were calculated manually as there was insufficient data to warrant manipulation using a computerised statistical tool (Diagram 7). Diagram 7 shows the proportion of incomplete data provided by students. The poor quality of this suggests that there is a need to provide clear instructions to the respondents in a written format on the correct procedure for completion of logs. The current format is simple as it is a one-page document however, the complexity and amount of reporting increases the likelihood that this method will fail to be adequate for on-going meaningful analyses. Possible solutions to this problem included an expanded grid, the development of a code using numbers for key activities, or a separate sheet for documenting activities undertaken.

Conclusion

Although the findings of this study can not be generalised across other episodes of clinical practice, information elicited indicates that further research into direct and indirect supervision of undergraduate student nurses by differing categories of workers in aged care facilities is warranted.

Furthermore, the need to provide a simplified research tool and clear instructions on the preferred methods of completion will be necessary to ensure that the quality of data enables accurate and confident interpretation.

Appendix 2A

Coding Key

TSoN

Supervisor Log September/October 2003

Var 1 Stu no
000-999

Var 2 Fac name

- 1 Karingal
- 2 Queen Victoria Home
- 3 LPNA
- 4 The Manor
- 5 Mount St Vincent's
- 6 Vacluse Gardens Lodge

Var 3 Region

- 1 North
- 2 South

Var 4 +

Within week (1, 2, 3) day (1-5), time 7-22)
Code is d117 for week 1, day 1, 0700)

Week

- 1 03/10/03
- 2 10/10/03
- 3 18/10/03
- 9 Unknown

For each cell of day

Monday	week 1	11
Tuesday	week 1	12
Wednesday	week 1	13
Thursday	week 1	14
Friday	week 1	15

Monday	week 2	21
Tuesday	week 2	22
Wednesday	week 2	23
Thursday	week 2	24
Friday	week 2	25

Monday	week 3	31
Tuesday	week 3	32
Wednesday	week 3	33
Thursday	week 3	34
Friday	week 3	35

Hour

7	0700-0800 hours
8	0800-0900
9	0900-1000
10	1000-1100
11	1100-1200
12	1200-1300
13	1300-1400
14	1400-1500
15	1500-1600
16	1600-1700
17	1700-1800
18	1800-1900
19	1900-2000
20	2000-2100
21	2100-2200
22	2200-2300

Supervision categories

- 11 RN including clinical teacher
- 14 Under supervision of an RN
- 22 Enrolled nurse including ENCP
- 24 Under supervision of an EN(p)
- 33 Carer, ECA
- 34 Under supervision of an ECA
- 44 Alone, by self
- 55 Private study, research project, assignment, note reading
- 66 Sick leave
- 77 Public holiday
- 88 Away, absent
- 91 Physiotherapist
- 92 Diversional therapist
- 94 Physiotherapist/diversional therapist – alone
- 99 Unknown

Additional criteria

- Only one section completed means worked with that category for remainder of cells for that day.
- If no category mentioned and an activity was indicated:
 - ADLs means under the supervision of a 2;
 - Feeds means under the supervision of a 3;
 - Orientation means under the supervision of a 1;
 - In-service means under the supervision of a 1.

Var 200+

Recode

14=11
 24=22
 34=33
 55=44
 88=99
 91=94
 92=94

Appendix 3



Supervisor Survey

September/October 2003

Please complete the following in relation to the student you are supervising:

1. What year of study are the students in: (please tick the appropriate box)

- | | |
|-------------|--------------------------|
| First year | <input type="checkbox"/> |
| Second year | <input type="checkbox"/> |
| Third year | <input type="checkbox"/> |
| Don't Know | <input type="checkbox"/> |

2. Is this the students':

- | | |
|------------|--------------------------|
| First | <input type="checkbox"/> |
| Second | <input type="checkbox"/> |
| Third | <input type="checkbox"/> |
| Fourth | <input type="checkbox"/> |
| Don't Know | <input type="checkbox"/> |

practical experience? (please tick the appropriate box)

3. Are you aware of the students' previous experience prior to this clinical placement: in (please tick the appropriate box)?

Acute Care ☐ Rural Hospital ☐
Community Practice ☐ Residential Aged
Care ☐

4. What key activities do you think the students should be involved in while in clinical practice in aged care? (please list 5 or more activities)

1.

2.

3.

4.

5.

5. Have you read the course outline for the unit Supportive Care in Hospital & Community Settings?

Yes ☐ No ☐ Don't Know ☐

6. Are you aware of the mobile phone number for contacting the school?

Yes ☐ No ☐ Don't Know ☐

This form was completed by (please tick the appropriate box)?

RN	<input type="checkbox"/>
EN	<input type="checkbox"/>
ECA	<input type="checkbox"/>
Research Participant	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please specify _____

B) PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1. With whom have you previously worked as a preceptor? Please mark the appropriate box(es)**

ECA	<input type="checkbox"/>
Student Enrolled Nurse	<input type="checkbox"/>
1 st year student nurse	<input type="checkbox"/>
2 nd year student nurse	<input type="checkbox"/>
3 rd year student nurse	<input type="checkbox"/>
Re-entry RN	<input type="checkbox"/>
New RN	<input type="checkbox"/>
New EN	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

- 2. Have you previously been preceptored by another nurse**

Yes No

If yes please specify

- 3. Please list the attributes/qualities that you consider important in a good preceptor.**

- 4. Please list the attributes/qualities that you consider important in a good preceptee/student.**

- 5. What issues can you identify as:**

a) facilitating your role as a preceptor

b) undermining your role as a preceptor

6. What concerns do you have with respect to your own ability to preceptor 2nd year nursing students who are on their first clinical placement?

7. Please write down three of more expectations for your own learning as a consequence of your participation in the research project.

a)

b)

c)

d)

8. Is there anything else that you want to add?

Appendix 5

Building Connections in Aged Care Orientation Checklist - Facility

Facility N1 N2 NW1 NW2 S1 S2

Please tick the appropriate response

In your orientation did you include the following:

	YES	NO
• Introduced to:		
○ the Director of Nursing	<input type="checkbox"/>	<input type="checkbox"/>
○ Other RNs	<input type="checkbox"/>	<input type="checkbox"/>
○ ENs	<input type="checkbox"/>	<input type="checkbox"/>
○ ECAs	<input type="checkbox"/>	<input type="checkbox"/>
○ Domestic & catering staff	<input type="checkbox"/>	<input type="checkbox"/>
• Shown you where to put your bag	<input type="checkbox"/>	<input type="checkbox"/>
• Shown where the toilets are	<input type="checkbox"/>	<input type="checkbox"/>
• Shown the tea room	<input type="checkbox"/>	<input type="checkbox"/>
• Told how the shift would be organised – routines	<input type="checkbox"/>	<input type="checkbox"/>
• Told when and where you will have meal breaks	<input type="checkbox"/>	<input type="checkbox"/>
• Told what to do in the event of fire or emergency	<input type="checkbox"/>	<input type="checkbox"/>
• Shown where the fire exits are	<input type="checkbox"/>	<input type="checkbox"/>
• Told what to do when the phone rings	<input type="checkbox"/>	<input type="checkbox"/>
• Told what the smoking policy is	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
• Told where you can access computing	<input type="checkbox"/>	<input type="checkbox"/>
• Told what books/resources are available & where	<input type="checkbox"/>	<input type="checkbox"/>
• Told what times the shifts finish	<input type="checkbox"/>	<input type="checkbox"/>
• Told what time the shifts start	<input type="checkbox"/>	<input type="checkbox"/>
• Told what to do if you are running late or can't work that shift	<input type="checkbox"/>	<input type="checkbox"/>
• Told what to do if I feel sick on a shift & need to go home	<input type="checkbox"/>	<input type="checkbox"/>
• Told what to do if you need to go home early	<input type="checkbox"/>	<input type="checkbox"/>
• Told what to if you are feeling anxious or upset	<input type="checkbox"/>	<input type="checkbox"/>
• Told who to contact if hurt yourself	<input type="checkbox"/>	<input type="checkbox"/>
• Told where you can access a telephone to make a call	<input type="checkbox"/>	<input type="checkbox"/>
• Given an orientation to the unit/area (walk around)	<input type="checkbox"/>	<input type="checkbox"/>
• Given an overview of manual handling and lifting policy	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 6



RESIDENTIAL AGED CARE PRECEPTOR PROJECT

Student Nurse Initial Evaluation

A) STUDENT INFORMATION (Please circle appropriate response)

Region you are in practice? NW N S

Your Age?: 18 -25yrs 26-30yrs 30-35yrs
 36-40yrs 40-45yrs >45yrs

Have you previously worked in an aged care facility (ie as a carer etc)?

Yes No

If yes, in what capacity did you work

Therapy assistant EN, ECA catering domestic staff

Other _____

Years working in aged care?: < 6mths 6mths - 1yr 1- 5 yrs
 6- 10 yrs >10yrs NA

Have you ever visited a relative in residential aged care facility?

Yes No

B) PLEASE ANSWER THE FOLLOWING QUESTIONS

9. Did you request to come on clinical placement in an aged care facility
(Circle appropriate response)

Yes

No

Please explain you reason for answering yes or no

10. How would you describe your response when you found out you would be
on placement in an aged care facility
(Circle appropriate response)

Very happy happy neutral unhappy very unhappy

11. What sort of activities do you think you will be involved in while on prac in
residential aged care (please specify)

12. Are you looking forward to working with elderly residents in the facility
(Circle appropriate response)

Very happy happy neutral unhappy very unhappy

13. In your previous clinical placement did you find your preceptors
(Circle appropriate response)

(1) Very helpful helpful neutral unhelpful very unhelpful

(2) Very supportive supportive neutral unsupportive very unsupportive

(3) Very friendly friendly neutral unfriendly very unfriendly

14. When you arrived in the aged care facility were made to feel comfortable
and welcome

Very welcome, welcome unwelcome very unwelcome

15. How did this make you feel?

16. When you arrived on the aged care ward did you preceptor know you were coming?

yes

no

17. How did this make you feel?

**18. Following graduation would you consider working in aged care
(Circle appropriate response)**

Definitely

possibly,

possibly not,

definitely not

Appendix 7



RESIDENTIAL AGED CARE PRECEPTOR PROJECT

Student Nurse Final Evaluation

B) STUDENT INFORMATION

(Please circle appropriate response)

Region you are in practice? NW N S

Your Age?: 18 -25yrs 26-30yrs 30-35yrs
 36-40yrs 40-45yrs >45yrs

Have you previously worked in an aged care facility (ie as a carer etc)?

Yes No

If yes, in what capacity did you work

Therapy assistant EN, ECA catering domestic staff

Other _____

Years working in aged care?: < 6mths 6mths - 1yr 1- 5 yrs
 6- 10 yrs >10yrs NA

Have you ever visited a relative in residential aged care facility?

Yes No

B) PLEASE ANSWER THE FOLLOWING QUESTIONS

Was working in the residential care facility what you expected?

(Circle appropriate response)

Yes

No

Don't Know

Please explain

Did you enjoy working with elderly residents?"

Yes

No

Don't Know

Were you surprised by your response to working with elderly residents

Yes

No

Don't Know

Please explain

How did meeting in the research group each week contribute to your clinical experience?

(Circle appropriate response)

Extremely helpful, very helpful somewhat helpful. not at all helpful

Please explain

How useful to your clinical placement was having access to the weekly case notes?

(Circle appropriate response)

Extremely helpful, very helpful somewhat helpful. not at all helpful

Please explain

How useful was getting weekly feedback from the preceptors and being able to give them feedback?

Extremely helpful very helpful somewhat helpful. not at all helpful

Please explain

In this clinical placement did you find your preceptors:

(Circle appropriate response)

- | | | | | |
|---------------------|------------|---------|--------------|-------------------|
| (1) Very helpful | helpful | neutral | unhelpful | very unhelpful |
| (2) Very supportive | supportive | neutral | unsupportive | very unsupportive |
| (3) Very friendly | friendly | neutral | unfriendly | very unfriendly |

How did this make you feel?

Please list the most enjoyable aspects of this experience?

Please list the least enjoyable aspects of this experience?

Following graduation would you consider working in aged care

(Circle appropriate response)

Definitely possibly possibly not definitely not

Thankyou

B) PLEASE ANSWER THE FOLLOWING QUESTIONS

19. How did meeting in the group facilitate your work as a preceptor?

Extremely helpful very helpful somewhat helpful not at all helpful

Please explain

20. How significant was having access to the weekly case notes to developing your role as a preceptor?

Extremely helpful very helpful somewhat helpful. not at all helpful

Please explain

21. How significant was getting weekly feedback from the students and being able to give them feedback?

Extremely helpful very helpful somewhat helpful. not at all helpful

Please explain

22. As a consequence of your participation in the research project, has your knowledge of being a preceptor improved

Definitely possibly possibly not definitely not

Please explain

- 23. As a consequence of your participation in the research project, has your confidence in being a preceptor improved**

Definitely possibly possibly not definitely not

Please explain

- 24. To what degree has working as a preceptor with students caused you to reflect on your practice?**

Definitely possibly possibly not definitely not

Please explain

- 25. To what extent has working as a preceptor with students caused you to become a more active learner?**

Definitely possibly possibly not definitely not

Please explain

26. Was working as a preceptor with students what you expected?

Yes No Don't Know

Please explain

27. Please list the most enjoyable aspects of your experience as a preceptor?

28. Please list the least enjoyable aspects of your experience as a preceptor?

29. In your estimation to what degree do you think having students in aged care facility has been of benefit to the residents?

Never Sometimes Often Always

Please explain

Appendix 9

Methodology: Fourth generation evaluation

Methodological Approach

The project utilised a 4th generation evaluation methodology (Guba and Lincoln 1989:72-74). This involved the formation of three groups of registered nurse preceptors and three groups of student nurses on clinical placements in the six RCFs. This approach was employed to facilitate communication (McGuinness and Wadsworth 1991) between the students and their preceptors because previous research has demonstrated this process to be very effective in facilitating teaching and learning in practice (Robinson, McInerney et al. 1999).

To implement the method, students and preceptors met in separate, parallel groups on a weekly basis throughout the 3-week practicum. Sessional project officers employed by the School of Nursing participated in both student and preceptors groups in each RCF and in the research group was structured according to a series of ground rules Giroux, (1988:72) based on the assumptions that all members:

- have an equal right and opportunity to speak;
- respect each other's right to speak;
- have a sense that it is safe to speak; and
- that ideas raised in the context of discussion are both tolerated and are subjected to 'rational' critique.

Central to this process is the development of the inclination to trust each other, to value the sharing of different perspectives and an abiding commitment to improvement (Giroux 1988). Inevitably, participation in the research meetings involved the members of both groups engaging in a dialogue of their experiences of either working as a preceptor or being preceptored. Such meetings engaged the participants in a process of reciprocal dialogue which Young (1997:91) argues provokes consciousness raising and empowerment. She suggests that such encounters involve a 'give and take of discussion, [where] participants construct an understanding of their... lives as socially constructed, constrained in similar ways to that of others by institutional structures, power relations, cultural assumptions, or economic forces'. By engaging in this process, groups with common interests and concerns, like the students involved in a clinical practicum in a RCF, theorise their social account by 'moving back and forth between individual life stories and social analysis to confirm or disconfirm both' (Young 1997:91). Indeed, telling stories of practice is central to such dialogic encounters.

Storytelling has long been used as an educational technique, and more recently in nursing research (Bowles 1995; Nehls 1995; Kirkpatrick, Ford et al. 1997; Fassett and Gallagher 1998). Deconstructive therapists Michael White and David Epston argue that the very act of telling stories opens up possibilities for change because they 'dislodge[s] people from certain familiar and taken-for-granted notions about problems' (Epston and White 1992:13) and their personal implication in their construction. In research projects such as this, storytelling represents an important means by which habit, ritual and taken-for-granted understandings, being recast as the extra-ordinary and unfamiliar (Epston and White 1992). As such, the telling of stories of practice provides a vehicle through which we can re-interpret our experiences, (White 1992:80), or in the case of this study, a vehicle by which students can reconsider their work with elderly people in an RCF and a preceptor might reconceptualise their role teaching students. However, it is important to recognise that such stories must be

told and retold, for they are always only ‘partially tellable’ (Howard 1991:192), indeterminate and characterised by a degrees of ‘ambiguity and uncertainty... inconsistencies and contradictions’ (White 1992:82). This is important because the process of retelling of stories provokes critical reflection on experiences, issues and the conditions which constrain and disable people from taking action to change their worlds. In turn this opens up possibilities for an alternative narrative to emerge as people separate themselves from dominant ‘totalising’ (White 1992:125) stories that constitute their lives.

In the context of the project research meetings, both preceptors and students had an opportunity to participate in a process of telling and retelling their accounts of working with each other in the RCF. Through this process they created sets of research narratives that provoked them to critically reflect upon their situation and the constraining conditions. This was important because as Smyth and Shacklock (1998:6) suggest critical reflection upon the ‘constraining conditions is the key to the empowerment ‘capacities’ of research and the fulfilment of its agenda’. As outlined above, critical reflection was facilitated by returning to the participants’ case notes of the last research meeting, prior to the next. Returning to the notes was important because the reciprocity inherent in the free flow of discussion and narrative within research groups is enhanced by the participants being accorded a right of access to all data generated during the project. This opens up further opportunities to engage in collaborative theorising and the negotiation of meaning which ‘helps build reciprocity’ (Lather 1991:61) and by implication, possibilities for developing new understandings of teaching and learning in aged care.

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